NO SURPRISES ACT - Frequently Asked Questions

What is the No Surprises Act?

Effective January 1, 2022, the No Surprises Act ("ACT") protects uninsured and self-pay individuals or insured individuals who receive non-covered services ("Eligible Patients") from unexpectedly high medical bills. Before services are rendered or upon request from the Eligible Patient, the provider must give the Eligible Patient a "Good Faith Estimate" of what they may be charged for the services they will receive.

Who is an Eligible Patient?

An Eligible Patient includes a patient who is not enrolled in any one of the following:

- Group or individual health insurance coverage offered by a health insurance issuer;
- Federal health care program; or
- A health benefits plan under a Federal Employees Health Benefits (FEHB) Program.

What is a Good Faith Estimate?

A Good Faith Estimate outlines an Eligible Patient's expected charges for services. A Good Faith Estimate:

- Must be specific to each patient (a generic list of fees is not acceptable);
- Must include the cost of expected items and services;
- Must be given orally and in writing;
- Must be signed by the patient;
- Must be in an accessible format for the patient (e.g. may need to be in a different language);
- Should include estimates from other providers involved in the care (e.g., massage, imaging);
- Must include the expected scope of any recurring primary items or services (such as timeframes, frequency and total number of recurring items/services); and
- May not exceed 12 months for recurring items/services.

********** A SAMPLE GOOD FAITH ESTIMATE IS ATTACHED***

How do I notify an Eligible Patient regarding the availability of a Good Faith Estimate?

Providers are required to distribute and display notice of the availability of a Good Faith Estimate in a clear and understandable manner:

- in the office;
- on-site where the scheduling or questions about the cost of the items or services occur; and
- on the provider's website

********** THE NOTICE REQUIRED BY THE NO SURPRISES ACT IS ATTACHED***

When do I notify an Eligible Patient?

Providers must provide a Good Faith Estimate to an Eligible Patient within the following timeframes:

- When a service is scheduled at least **three (3)** business days before the date the service is provided, the estimate must be provided no later than **one (1)** business day after the date of scheduling.
- When a service is scheduled at least **ten (10)** business days before the date the services is provided, the estimate must be provided no later than **three (3)** business days after the date of scheduling.
- When a Good Faith Estimate is requested by an Eligible Patient, the estimate must be provided no later than **three (3)** business days after the date of the request.

What if the scheduled services change?

If a provider determines there will be a change in the scope of a Good Faith Estimate (such as anticipated changes to the charges, items, services, or frequency), the provider must provide the Eligible Patient with a new Good Faith Estimate no later than **one (1)** business day before the services are scheduled to be furnished.

What happens if the actual charges are higher than the Good Faith Estimate?

Eligible Patients are urged to contact the provider to let them know the billed charges are higher than the Good Faith Estimate. Eligible Patients may then try to negotiate the bill. Eligible Patients have the right to start a dispute resolution process with the US Department of Health & Human Services. The dispute resolution process applies to total billed charges that are substantially in excess of the Good Faith Estimate. HHS regulations establish that when the billed charges for any provider or facility are in excess of the Good Faith Estimate by $400.00 or more, the service may be eligible for payment determination of the dispute resolution entity. The fee is $25 to initiate the dispute resolution process and must be disputed within 120 days.

Good Faith Estimate

Patient Name:	Date of Birth:

Estimated Services and Items

Date of Appointment

Description (clear language)	Diagnosis Code (ICD-10 Code)	Service Code (CPT, HCPCS, DRG)	Quantity	Expected Cost
Primary service description here (P)				

P - Primary Service (initial reason for visit)
C – Co-provider services
R - Reoccurring Services or item (valid for up to 12 months from date on this form)

Total Expected Charges $

Date of Good Faith Estimate:

Disclaimers: There may be additional items or services that we recommend as part of the course of care that must be scheduled or requested separately and are not reflected in this Good Faith Estimate. The information provided in this Good Faith Estimate is only an estimate of items or services reasonably expected to be furnished at the time this Good Faith Estimate was and actual items, services, or charges may differ from the good faith estimate.

You have the right to initiate the patient-provider dispute resolution process if the actual billed charges are $400 more than the expected charges included in the Good Faith Estimate and the dispute is initiated within 120 days after the date of the bill for the items or services. To start the process, you may contact us at the phone number or address listed above to let us know the billed charges are higher than the Good Faith Estimate. You can ask us to update the bill to match the Good Faith Estimate, ask to negotiate the bill, or ask if there is financial assistance available. You may also start a dispute resolution process with the U.S. Department of Health and Human Services within 120 calendar days (about 4 months) of the date on the original bill and if the agency disagrees with you, you will have to pay the higher amount. To learn more and get a form to start the process, go to www.cms.gov/nosurprises. This Good Faith Estimate is not a contract and does not require you to obtain the items or services from any of the providers or facilities identified in the Good Faith Estimate.

NOTICE TO PATIENTS

You have the right to receive a "Good Faith Estimate" explaining how much your health care will cost

Under the law, health care providers need to give patients who don't have insurance or who are not using insurance an estimate of the bill for health care items and services before those services are provided.

- You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency health care items or services upon request or when scheduling such items or services. This includes related costs like medical tests, prescription drugs, equipment, and hospital fees.

- If you schedule a health care item or service at least 3 business days in advance, make sure your health care provider or facility gives you a Good Faith Estimate in writing at least 1 business day after scheduling. If you schedule a health care item or service at least 10 business days in advance, make sure your health care provider or facility gives you a Good Faith Estimate in writing within 3 business days after scheduling. You can also ask your health care provider or facility for a Good Faith Estimate before you schedule an item or service. If you do, make sure the health care provider or facility gives you a Good Faith Estimate in writing within 3 business days after you ask.

- If you receive a bill that is at least $400 more than your Good Faith Estimate, you can dispute the bill.

- Make sure to save a copy or picture of your Good Faith Estimate and the bill.

For questions or more information about your right to a Good Faith Estimate, **www.cms.gov/nosurprises** or email **FederalPPDRQuestions@cms.hhs.gov**, or call **1-800-985-3059**.