

Notice of Good Faith Estimate

You have the right to request a “**Good Faith Estimate**” that explains the expected cost of your medical and mental health services.

What this means for you:

By law, healthcare providers must give patients who ****do not have insurance—or who are not using insurance—****an estimate of the expected charges for medical care, including **psychotherapy or counseling services**.

Before you schedule services:

You can request a Good Faith Estimate for the total expected cost of any **non-emergency healthcare service**. You may ask your provider, or any other provider you choose, for this estimate.

If your bill is higher than expected:

If your final bill is **\$400 or more** than your Good Faith Estimate, you have the right to dispute it. Keep a copy or take a picture of your Good Faith Estimate for your records.

More information:

For additional details about your rights regarding Good Faith Estimates, visit:
<https://www.cms.gov/nosurprises>