



## **Good Faith Estimate Notice**

### **For Private Pay or Uninsured Clients**

You have the right to receive a “Good Faith Estimate” explaining how much your medical and behavioral health care will cost.

Under the law, health care providers need to give patients who do not have insurance or who are not using insurance, an estimate of the expected charges for medical services, including speech/language and behavioral health services.

You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency healthcare services, including speech/language and behavioral health services.

You can ask your healthcare provider, and any other provider you choose, for a Good Faith Estimate before you schedule a service.

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.

For questions or more information about your right to a Good Faith Estimate, visit [www.cms.gov/nosurprises](http://www.cms.gov/nosurprises) or call 1-800-985-3059.

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