



**NORTHERN COLORADO
COUNSELING, PLLC**

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

Under the federal No Surprises Act law, health care providers need to give patients who don't have certain types of health care coverage or who are not using certain types of health care coverage an estimate of their bill for health care items and services before those items or services are provided.

- You have the right to receive a Good Faith Estimate for the total expected cost of any 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 healthcare provider or facility gives you a Good Faith Estimate in writing within 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 any health care provider or facility for a Good Faith Estimate before you schedule an item or service. If you do, make sure the healthcare 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 for any provider or facility than your Good Faith Estimate from that provider or facility, you can dispute the bill.
- Make sure to save a copy or picture of your Good Faith Estimate and the bill.

DISCLAIMERS

1. There may be additional items or services your provider recommends as part of the course of care that must be scheduled or requested separately and are not reflected in the good faith estimate.
2. The information provided in this GFE is only an estimate regarding items or services reasonably expected to be furnished at the time the good faith estimate was issued to you. The actual items, services, or charges may differ from this GFE.

3. If you are billed for more than this GFE, you have the right to dispute the bill.
 - a. You may contact the health care provider or facility listed to let them know the billed charges are higher than the GFE. You can ask them to update the bill to match the GFE, ask to negotiate the bill, or ask if there is financial assistance available.
 - b. You may also start a dispute resolution process with the U.S. Department of Health and Human Services (HHS). If you choose to use the dispute resolution process, you must start the dispute process within 120 calendar days (about 4 months) of the date on the original bill.
 - c. There is a \$25 fee to use the dispute process. If the agency reviewing your dispute agrees with you, you will have to pay the price on this Good Faith Estimate. If the agency disagrees with you and agrees with the health care provider or facility, you will have to pay the higher amount.
 - d. This GFE is not a contract and does not require you to obtain the items or services from any of the providers or facilities identified above.

For questions or more information about your right to a Good Faith Estimate

- Visit [cms.gov/nosurprises/consumers](https://www.cms.gov/nosurprises/consumers)
- Email FederalPPDRQuestions@cms.hhs.gov
- Call 1-800-985-3059