

# You have the right to receive a “Good Faith Estimate” explaining how much your healthcare will cost

Under federal law, health care providers need to give individuals who don’t have certain types of health care coverage or who are not using certain types of health care coverage a Good Faith Estimate (GFE) 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 (GFE) 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.
- There may be additional items or services the convening provider recommends as part of the course of care that must be scheduled or requested separately and are not included in the GFE.
- The information provided in the GFE at the time it is provided is only an estimate regarding items or services reasonably expected to be furnished, and actual items, services, or charges may differ.
- The GFE is not a contract and does not require an individual to obtain the item or services from any of the providers listed in the GFE.
- If you schedule a health care item or service at least 3 business days in advance, the provider or facility is required to send you a Good Faith Estimate in writing within 1 business day after scheduling.
- If you schedule a health care item or service between 4 and 10 business days in advance, the provider or facility is required to send you Good Faith Estimate in writing within 3 business days after scheduling.
- If you schedule a same-day item or service, the provider or facility must furnish you with a Good Faith Estimate no less than three hours before you scheduled appointment or service time.
- 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, a provider or facility is required to provide you a Good Faith Estimate in writing within 3 business days.
- You have the right to initiate the patient-provider dispute resolution process if the actual billed charges are substantially in excess of the expected charges included in the GFE.
- The GFE disclaimer must include instructions for learning more about the billing dispute process along with a statement that initiation of the process will not adversely impact the quality of care you receive.
- 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:

Visit [www.cms.gov/nosurprises/consumers](https://www.cms.gov/nosurprises/consumers)  
Email [federalPPDRquestions@CMS.HHS.gov](mailto:federalPPDRquestions@CMS.HHS.gov)  
Call 1-800-985-3059

“Clinic Name”

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45 CFR §149.610 Required provisions of good faith estimates of expected charges for self-pay individuals