



## SURPRISE BILLING INFORMATION

**You have the right to receive a “Good Faith Estimate” explaining the cost of your medical care.**

Under the law, healthcare providers need to provide patients who do not have insurance or who are not using insurance an estimate of the bill for medical items and services.

- You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency items or services. The estimate includes related costs like medical tests, prescription drugs, equipment, and hospital fees.
- You can also ask your health care provider and any other provider you choose, for a Good Faith Estimate before you schedule an item or service.
- You can expect your health care provider to give you a Good Faith Estimate in writing within the following timeframes:
  1. When a primary item or service is scheduled at least 3 business days before the date the item or service is scheduled to be furnished: Not later than 1 business day after the date of scheduling;
  2. When a primary item or service is scheduled at least 10 business days before such item or service is scheduled to be furnished: Not later than 3 business days after the date of scheduling; or
  3. When a good faith estimate is requested by an uninsured (or self-pay) individual: not later than 3 business days after the date of the request.
- If you received a bill that is at least \$400 more than your Good Faith Estimate, you can dispute the bill.
- Make sure to save a copy your Good Faith Estimate.

For questions or more information about your right to a Good Faith Estimate, you may contact a representative at (205)343-8222 or [NoSurpriseBill@dchsystem.com](mailto:NoSurpriseBill@dchsystem.com).

Visit [www.cms.gov/nosurprises](http://www.cms.gov/nosurprises) or call (1-800-985-3059)