



## **Notice of the Right to Receive a Good Faith Estimate of Expected Charges under the No Surprises Act**

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**Health care providers need to give patients who do not have insurance, or are not using insurance for their medical care, an estimate of the bill for their medical services.**

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You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency items or services. This includes anticipated related costs including, but not necessarily limited to, medical tests, prescription drugs, equipment, and hospital fees.

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Make sure your health care provider gives you a Good Faith Estimate in writing at least one (1) business day before your medical services. 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.

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If you receive a bill that is, at least, \$400.00 more than your Good Faith Estimate then you can dispute the bill. Make sure to save a copy or a picture of your Good Faith Estimate in case you need to reference it at a later time.

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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 our office at (308) 865-2570.

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**New West Sports Medicine & Orthopaedic Surgery**