

YOUR RIGHT TO A GOOD FAITH ESTIMATE

If you do not have insurance, or you are not using insurance for your care, you have the right to receive an estimate of expected charges before services are provided.

- **You may request a Good Faith Estimate at any time.** You also have the right to receive one when an item or service is scheduled.
- If you schedule at least **3 business days** in advance, the estimate generally must be provided in writing within **1 business day** after scheduling.
- If you schedule at least **10 business days** in advance, the estimate generally must be provided in writing within **3 business days** after scheduling.
- If you ask for an estimate before scheduling, it generally must be provided in writing within **3 business days** after your request.
- The estimate should include the total expected cost of the health care items or services reasonably expected with your care. Save a copy of the estimate.
- If the bill from any provider or facility is at least **\$400 more** than that provider's or facility's estimate, you may be able to dispute the bill.

REQUEST AN ESTIMATE

Warmspoken Primary Care, LLC
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More information: cms.gov/nosurprises/consumers or 1-800-985-3059. Based on the CMS model notice for the No Surprises Act.