

# *Fountain of Life, LLC*

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## **STANDARD NOTICE**

### **“Right to Receive a Good Faith Estimate of Expected Charges”** **Under the No Surprises Act**

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

Under the No Surprises Act, health care providers need to give **patients who don’t 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. This includes related costs like medical tests, prescription drugs, equipment, and hospital fees.

Make sure your health care provider gives you a Good Faith Estimate in writing at least one business day before your medical service or item. You can also ask your healthcare provider, and any other provider you choose for a Good Faith Estimate before you schedule an item or service.

If you receive a bill that is at least \$400 more than your Good Faith Estimate, you can dispute the bill.

Make sure to save a copy or picture of your Good Faith Estimate.

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 Lisa Klewicki, Ph.D., Director of Fountain of Life, LLC at 703-790-5433.