



HARDIN COUNTY GENERAL HOSPITAL & CLINIC

“Caring For Your Family – With Ours”

6 Ferrell Road * P.O. Box 2467

Rosiclare, Illinois 62982

Hospital Phone: (618) 285-6634 Fax: (618) 285-3564

Clinic Phone: (618) 285-2800 Fax: (618) 285-2804

www.ilhcg.org

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

Under the law, 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 1 business day before your medical service or item. 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.
- Initial notice of the Good Faith Estimate may be given verbally if the health care provider can reach you by phone. The written copy of the Good Faith Estimate may be given to you electronically via your patient portal, secure email, or secure text attachment. If not sent electronically, a printed copy will be placed in the regular mail to the address you have provided. Efforts will also be made to provide you with another copy of the Good Faith Estimate upon arriving to register for the scheduled service.
- If you are billed for more than your Good Faith Estimate, you have the right to 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, please contact the
Hardin County General Hospital Collection Manager at 618-285-6634 ext. 302 or you may also visit www.cms.gov/nosurprises or call 1-800-985-3059.

