

Notice of Your Right to a Good Faith Estimate

For uninsured and self-pay patients

Effective date: September 16, 2026

You have the right to receive a Good Faith Estimate explaining how much your health care is expected to cost.

Your Right to an Estimate

Under federal law, health care providers generally must give patients who are uninsured or who are not using health insurance to pay for care an estimate of the expected charges for scheduled or requested health care items and services.

- You may request a Good Faith Estimate before scheduling an item or service.
- When you schedule care at least 3 business days in advance, you generally should receive a written Good Faith Estimate within 1 business day after scheduling.
- When you schedule care at least 10 business days in advance, you generally should receive a written Good Faith Estimate within 3 business days after scheduling.
- When you request an estimate before scheduling, you generally should receive it within 3 business days after your request.
- The estimate may include expected charges for the primary service and other items or services reasonably expected during the same period of care.

What the Estimate Means

A Good Faith Estimate reflects charges that are reasonably expected based on the information known when the estimate is prepared. It is not a contract and does not require you to receive the listed items or services from the identified provider or facility. Actual charges may differ if your needs change or unexpected circumstances occur.

Charges from outside laboratories, pharmacies, imaging centers, specialists, or other independent providers may not be included unless those services and charges are known and included in the written estimate. You may request separate estimates directly from those providers.

If Your Bill Is Higher Than the Estimate

If a bill from a provider or facility is at least \$400 more than the Good Faith Estimate from that provider or facility, you may be eligible to use the federal patient-provider dispute resolution process.

1. Contact the provider or facility to ask about the difference, request a corrected bill, discuss payment options, or ask whether financial assistance is available.
2. If appropriate, start the federal dispute process within 120 calendar days of the date shown on the original bill.
3. Keep your Good Faith Estimate and all related bills and communications.

Starting a dispute will not adversely affect the quality of health care services provided to you. For current information about eligibility, deadlines, and any applicable fee, visit <https://www.cms.gov/nosurprises/consumers> or call 1-800-985-3059.

How to Request Your Good Faith Estimate

Contact Nexxus Pathway to Recovery Center, LLC by phone at 770-755-4179 or email at contact@nexxusclinic.com. You may request delivery electronically or on paper. Please do not include detailed medical information in ordinary email unless instructed to use a secure method.

Practice Contact Information

Nexxus Pathway to Recovery Center, LLC
1575 Lawrenceville Highway, Suite K #149, Lawrenceville, GA 30044
Phone: 770-755-4179
Email: contact@nexxusclinic.com
Website: <https://www.nexxusclinic.com>

Important Note

This public notice explains your right to receive a Good Faith Estimate. It is not the individualized estimate itself. An individualized estimate will identify the patient, scheduled or requested service, expected charges, and other information required by applicable law.