

Gersh, Hartson, Payne, Hoffman and Associates, PC.
Good Faith Estimate Information

Beginning January 1, 2022, health care providers are required to estimate the cost of services for patients self-paying or not using their insurance because the provider is out of network for their benefits. We are required to provide an estimate of services that are planned, so that you can make the best decision about your own health care services and expenses. We will provide a detailed list of expected charges for your services in the office of Gersh, Hartson, Payne, Hoffman and Associates. It is likely that your provider will over-estimate the cost of services to provide you with the maximum expected out of pocket cost for treatment. This estimate is based on information known at the time the estimate was created. If additional services are requested/recommended, a new estimate will be presented to you for your signature. These estimated costs are valid for 12 months after the date of the Good Faith Estimate. The Good Faith Estimate is not a contract, and signing it does not obligate you to obtain the services estimated. Please talk with your provider about the estimate if you have questions or concerns.

The Good Faith Estimate is an estimate and may not include any unknown or unexpected costs that may arise during treatment. Therefore, actual items, services and charges may differ from the Good Faith Estimate. If this happens, federal law allows you to dispute (appeal) the bill.

If you are billed more than the Good Faith Estimate, you have the right to dispute the bill.

You may contact the health care provider listed to let them know the billed charges differ from the Good Faith Estimate. You can ask the provider to have the bill reflect the Good Faith Estimate, ask to negotiate the bill, or ask if financial assistance is available.

You may also start a dispute resolution process with the U.S. Department of Health and Human Services (HHS). If you choose to use the dispute resolution process, you must start the dispute process within 120 calendar days of the date on the original bill. You can learn more about how to start this process, or to learn more about Good Faith Estimates, at www.cms.gov/nosurprises or call HHS. A patient-provider dispute resolution process initiation will not affect the quality of health care services provided.

There is a \$25 fee to use the dispute process. If the agency reviewing your dispute agrees with you, you will have to pay the price on this Good Faith Estimate. If the agency disagrees with you and agrees with the health care provider, you will have to pay the higher amount.