

# Good Faith Estimate

You have the right to receive a “Good Faith Estimate” explaining how much your health 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, including for behavioral or mental health.

- 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.
- 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 800-985-3059

您有權收到一份“誠信評估”，說明您的醫療保健將花費多少。

根據這項法律，醫療保健提供者需要向沒有保險或沒有使用保險的患者提供一份醫療項目和服務的賬單估計，包括行為或精神健康方面的費用。

- 您有權收到任何非緊急物品或服務預期總成本的誠信估價。這包括相關的費用，如醫療檢查、處方藥、設備和住院費。
- 確保您的醫療服務提供者在您提供醫療服務或項目前至少 1 個工作日以書面形式向您提供誠信評估。在安排項目或服務之前，您也可以要求您的醫療保健提供者和任何其他您選擇的提供者進行誠信評估。
- 如果你收到的賬單比你的誠信估價高出至少 400 美元，你可以提出異議。
- 確保保存誠信評估的副本或圖片。有關您獲得誠信評估權利的問題或更多信息，請訪問 [www.cms.gov/nosurprises](http://www.cms.gov/nosurprises) 或致電 800-985-3059。