

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 for 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.
- Under the “No Surprises Act”, if you receive a bill that is at least \$400 more than our Good Faith Estimate, you can dispute the bill.
 - **PLEASE NOTE, HOWEVER, THAT MARTIN COUNTY HOSPITAL DISTRICT WILL NOT BALANCE BILL THE PATIENT ANY AMOUNT OVER THE ESTIMATED PATIENT PORTION. IF YOU RECEIVE A BILL THAT IS ABOVE THE GOOD FAITH ESTIMATE, PLEASE CONTACT OUR BUSINESS OFFICE DIRECTOR AT 432-607-3225.**
- 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 or contact our Business Office Director at 432-607-3225.