

## 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 certain types of health care coverage or who are not using insurance an estimate of their bill for health care items and services before those items or services are provided.

You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency items or services upon request or when scheduling such items or services. This includes related costs like medical tests, prescription drugs, equipment, and hospital fees. The estimate is based on the information known at the time the estimate was created.

You may request a Good Faith Estimate in advance of your already scheduled medical item or service, or before scheduling an item or service. The estimate will be provided within 3 business days after scheduling and within one business day of a previously scheduled item or service. The Good Faith Estimate does not include any unknown or unexpected costs that may occur during treatment.

You may request an estimate by calling 330-364-4434. Estimates will be provided by mail or email.

If you receive a bill that is at least \$400 more for any provider or facility than your Good Faith Estimate from that provider or facility, you can dispute the bill. Make sure to save a copy or picture of your Good Faith Estimate and the bill.

For questions or more information about your right to a Good Faith Estimate, visit [www.cms.gov/nosurprises/consumers](http://www.cms.gov/nosurprises/consumers), email [FederalPPDRQuestions@cms.hhs.gov](mailto:FederalPPDRQuestions@cms.hhs.gov), or call 1-800-985-3059.