



Standard Notice
Effective Date: 01/01/2022

Right to Receive a Good Faith Estimate of Expected Charges under the No Surprises Act

**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 certain types of health care coverage 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 health care 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. In the specific case of the Psychiatric Virtual Clinic, the real cost that will be billed to you for the services provided are published on the website and the information is accessible electronically before scheduling.
- If you schedule a health care item or service at least 3 business days in advance, make sure your health care provider or facility gives you a Good Faith Estimate in writing within 1 business day after scheduling. If you schedule a health care item or service at least 10 business days in advance, make sure your health care provider or facility gives you a Good Faith Estimate in writing within 3 business days after scheduling. You can also ask any health care provider or facility for a Good Faith Estimate before you schedule an item or service. If you do, make sure the health care provider or facility gives you a Good Faith Estimate in writing within 3 business days after you ask. In the specific case of the Psychiatric Virtual Clinic, the real cost that will be billed to you for the services provided are published on the website and the information is accessible electronically before scheduling.
- The Psychiatric Virtual Clinic also provides information about Surprise Billing Protection and gives you a specific estimate of what you will pay before your appointment.
- 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, email FederalPPDRQuestions@cms.gov, or call 1-800-985-3059.