



## Spinal Health and Wellness Center, LLC

### Good Faith Estimate Notice

Under Section 2799B-6 of the Public Health Service Act, health care providers are required to inform individuals who are not enrolled in a plan or coverage or a Federal healthcare program, or not seeking to file a claim with their plan or coverage **both orally and in writing** of their ability, upon request or at the time of scheduling health care items and services, to receive a 'Good Faith Estimate' of expected charges.

#### Your Rights

- 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 or services. This includes related costs like medical tests, and equipment.
- You have a right to receive a Good Faith Estimate in writing at least 1 business day before you receive care or a medical service or item. You can also ask your health care provider, 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 through the patient-provider dispute process. Learn more at: <https://www.cms.gov/nosurprises/consumers/new-protections-for-you>
- You have a right to obtain a written copy of the Good Faith Estimate. You may also take a photocopy.

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 **1-800-985-3059**.