



**Uninsured and Self Pay Patients:  
You have the right to receive a “Good Faith Estimate”  
explaining how much your medical care will cost**

Under the law, health care providers must 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 non-emergency items or services, upon request or scheduling such items or services. This includes costs for services/items like clinic visits, medical tests, procedures, supplies, and laboratory tests.
- If you schedule a health care item or service at least 3 business days in advance, we will give 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, we will give you a Good Faith Estimate in writing within 3 business days after scheduling. You can also ask us for a Good Faith Estimate before you schedule an item or service. If you do, we will give you a Good Faith Estimate in writing within 3 business days after you ask.
- If you receive a bill that is at least \$400 more than your Good Faith Estimate, you can dispute 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.

**LUS CEEV:** Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 612-884-0661.

**ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 612-884-0661.

**FIIRO GAAR AH:** Hadii aad ku hadasho Soomaali, waaxda luqadaha, qaybta kaalmada adeegyada, waxay idiin hayaan adeeg kharash la'aan ah. So wac 612-884-0661.