

William F. Doverspike, Ph.D.
6111-C Peachtree Dunwoody Road
Building C | Suite 101
Atlanta, Georgia 30328-4588
Drwilliamdoverspike.com
Phone: 770-913-0506

STANDARD NOTICE
“Right to Receive a Good Faith Estimate of Expected Charges”
Under the NoSurprises Act

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 estimate 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 one 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.
- ✓ If you receive a bill that is at least \$400.00 more than your Good Faith Estimate, you can dispute the bill.
- ✓ Make sure to save a copy or picture of your Good Faith Estimate.

Background and Purpose

Under Section 2799B-6 of the Public Health Service Act, health care providers and health care facilities are required to inform individuals who are not enrolled in a plan or coverage or a Federal health care 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.

This form may be used by the health care providers to inform individuals who are not enrolled in a plan or coverage or a Federal health care program (uninsured individuals), or individuals who are enrolled but not seeking to file a claim with their plan or coverage (self-pay individuals) of their right to a “Good Faith Estimate” to help them estimate the expected charges they may be billed for receiving certain health care items and services. Information regarding the **availability of a “Good Faith Estimate” must be prominently displayed** on the convening provider’s and convening facility’s website and in the office and on-site where scheduling or questions about the cost of health care occur.

To use this model notice, the provider or facility must fill in the blanks with the appropriate information. The U.S. Department of Health and Human Services (HHS) considers use of the model notice to be good faith compliance with the good faith estimate requirements to inform an individual of their rights to receive such a notice. Use of this model notice is not required and it is provided as a means of facilitating compliance with the applicable notice requirements. However, some form of notice, including the provision of certain required information, is necessary to begin the patient-provider dispute resolution process.

NOTE: The information provided in these instructions is intended only to be a general informal summary of technical legal standards. It is not intended to take the place of the statutes, regulations, or formal policy guidance upon which it is based. Readers should refer to the applicable statutes, regulations, and other interpretive materials for complete and current information.

Health care providers and facilities should not include these instructions with the documents given to patients.

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid Office of Management and Budget (OMB) control number. The valid OMB control number for this information collection is 0938-XXXX. The time required to complete this information collection is estimated to average 1.3 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

For Additional Information

For questions or more information about your right to a Good Faith Estimate, call Dr. Doverspike at 770-913-0506 or visit this site: <https://www.cms.gov/nosurprises>

References

- Centers for Medicare & Medicaid Services. (2021). *Standard Notice and Consent Documents Under the No Surprises Act (For use by nonparticipating providers and nonparticipating emergency facilities beginning January 1, 2022)*. <https://www.cms.gov/files/document/standard-notice-consent-forms-nonparticipating-providers-emergency-facilities-regarding-consumer.pdf>
- Centers for Medicare & Medicaid Services. (2021). *Model disclosure notice regarding patient protections against surprise billing*. <https://www.cms.gov/files/document/model-disclosure-notice-patient-protections-against-surprise-billing-providers-facilities-health.pdf>
- Ga. Comp. R. & Regs. r. 120-2-106-.08 (2) (Covered Person Choosing to Receive Non-Emergency Medical Services from a Non-Participating Provider).
- No Surprises Act of the 2021 Consolidated Appropriations Act, Pub. L. No. 116-260, 134 Stat. 1182, Division BB, § 109.
- Surprise Bill Exclusions, Ga. Code § 33-20E-7 (2020).
- Surprise Billing Consumer Protection Act, Ga. Code §33-20E-1 (2020).
This disclosure document, including the Notice and Consent as well as the Good Faith Estimate, is provided in compliance with Georgia law, including the “Surprise Billing Consumer Protection Act” (Ga. Code §33-20E-1) and form “Surprise Bill Exclusions” (Ga. Code § 33-20E-7).