THE INDEPENDENT PRACTITIONERS AT
SHADOW WOOD CLINICAL ASSOCIATES
OFFICE OF:
MITCHELL A. SKIDMORE, LSCSW

Notice of Right to a "Good Faith Estimate"

This notice describes your right to receive a "Good Faith Estimate" (GFE) explaining how much your health care will cost. Please review it carefully.

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 (i.e. self pay) 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.
- If you schedule a health care item or service at least 3 business days in advance, make sure your healthcare 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 healthcare 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.
- 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.hhs.gov, or call 1-800-985-3059.

An electronic copy of this notice is available on my website and you may request a paper copy.

Acknowledgement of Receiving Notice of Right to a Good Faith Estimate

I ,_____, have read and understood the Notice of Right to a Good Faith Estimate. I have had the opportunity to have the notice explained to me in terms I understand. I understand that I have the right to request a copy of the Notice of Right to a Good Faith Estimate at any time.

_____ _____ _____

(signature of client or personal representative) (relationship if rep.) (date)

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