

NO SURPRISES ACT § 112 – GOOD FAITH ESTIMATE

- 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, prescription drugs, equipment, and hospital fees.
- Make sure your health care provider gives you a Good Faith Estimate in writing at least 1 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 more than your Good Faith Estimate, you can dispute the bill.
- Make sure to save a copy or picture of your Good Faith Estimate. For questions or more information about your right to a Good Faith Estimate, visit www.cms.gov/nosurprises .

Our staff at NWHHS can provide a GOOD FAITH ESTIMATE for uninsured patients. We also would encourage uninsured patients to apply for our Sliding Fee Discount. Based on family size and income, your visits at NWHHS may be discounted to an amount shown in the chart below. To inquire about our Sliding Fee Discount Program, please call our office to set up an appointment with our Eligibility staff.

POVERTY INCOME GUIDELINES

	<u>0 - 100 % Federal Poverty Level</u>	<u>101% - 133 % Federal Poverty Level</u>	<u>134% - 166% Federal Poverty Level</u>	<u>167% - 200% Federal Poverty Level</u>
Medical Patient Pays	\$25 Nominal Charge	\$35 Charge	\$40 Charge	\$45 Charge
Nurse/ Behaviorist Patient Pays	\$3 Nominal Charge	\$4 Charge	\$5 Charge	\$6 Charge
Dental Patient Pays	\$55 Nominal Charge	Payment of 60% of services	Payment of 65% of services	Payment of 75% of services
Mental Health Patient Pays	\$25 Nominal Charge or \$5 for group	\$35 Nominal Charge or \$10 for group	\$40 Nominal Charge or \$15 for group	\$45 Nominal Charge or \$20 for group

Full fee visits for new patients range from \$100-593. Visits for established patients range from \$100-418. Fees are based on varying factors, including but not limited to, visit duration and complexity of care. Fee estimates shown are valid through 4/30/2022.

The Sliding Fee Discount will replace the GOOD FAITH ESTIMATE. To request the GOOD FAITH ESTIMATE, our staff will require personal demographic information and provide a written GOOD FAITH ESTIMATE within 10 days. Call 503-378-7526 or email GFE@nwhhumanservices.org to request.