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PSYCHIATRY

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PUBLIC POLICY

Good Faith Estimate rights

For patients who are uninsured or not using insurance

If you do not have insurance or are not using insurance for a service, you may have the right to a written Good Faith Estimate of expected charges. Ask for an estimate when planning or scheduling care. A website fee list does not replace your individualized estimate.

When you receive it

- For care scheduled three to nine business days ahead, the estimate is provided within one business day after scheduling.
- For care scheduled ten or more business days ahead, the estimate is provided within three business days after scheduling.
- If you request an estimate before scheduling, it is provided within three business days of the request.

For recurring care, an estimate may describe the expected frequency, number of visits, period covered, and total expected charges for a period of up to twelve months. The estimate should be updated when the expected care or charges change. Estimates are not required during emergency care.

If the bill is higher

If a provider's bill is at least $400 more than that provider's Good Faith Estimate, you may qualify for the federal patient-provider dispute process. The process generally must be started within 120 calendar days of the initial bill. Keep the estimate and bills. For current instructions, fees, and eligibility, visit www.cms.gov/medical-bill-rights. You can also contact the practice to discuss the difference.

What an estimate means

An estimate is not a contract and does not require you to obtain care. It describes expected charges based on what is reasonably known. Unanticipated services may have additional costs. Each provider or facility may issue its own estimate; ask about separate charges when other services are involved. The right to dispute an eligible bill remains available.