

- **SEVA MENTAL HEALTH & WELLNESS GROUP (SMHWG)**

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GOOD FAITH ESTIMATE

We are required to share this information with you even if it does not apply to you.

As part of the No Surprises Act as of 1/1/22. Applies to Self-Pay and Uninsured Clients ONLY. Means you are declining to use any of your in network or out of network benefits for our services at any time.

YOU ARE ENTITLED TO A GOOD FAITH ESTIMATE IF YOU ARE NOT USING INSURANCE

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 or 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. If you get a copy of the GFE from us, and you are an active patient, we will store a copy in your health chart.

For questions or more information about your right to a Good Faith Estimate, visit www.cms.gov/nosurprises or call (800) 368-1019.