

## Good Faith Estimate

Effective January 1, 2022, Crescent Community Health Center is required to provide **uninsured patients OR self-pay patients** an estimate of expected charges they may be billed for receiving certain health care items and services.

Crescent Community Health Center protects patients from surprise bills for services and items provided by CCHC through a combination of:

- Compliance and requirements established under Section 330 of the Public Health Service Act and
- Provision of Good Faith Estimates as outlined in Section 27966B-6 of the Federal No Surprises Act.

### What is a Good Faith Estimate (GFE)?

- You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency items or services.
- When will I receive a Good Faith Estimate?
  - If your appointment is scheduled within **10+ business days**, you will receive a GFE within **3** business days.
  - If your appointment is scheduled within **3-9 business days**, you will receive a GFE within **1** business day.
  - If your appointment is scheduled within **0-2 business days**, you will NOT receive a GFE, unless requested.
- Per *Good Faith Estimate Policy (#15-5)*, if you receive a bill that is greater than \$400 of the estimated cost, you have the right to dispute the bill. If you choose to dispute, you will be directed to the health care provider or facility to update the bill to match the Good Faith Estimate, ask to negotiate the bill, or ask if there is financial assistance available.
- Please ask for our financial counselor if you request a Good Faith Estimate before scheduling an item or service.

For questions or more information about your right to a Good Faith Estimate, visit [www.cms.gov/nosurprises](http://www.cms.gov/nosurprises).