

Good Faith Estimate Disclaimer

This Good Faith Estimate is provided in good faith, based on information known at the time, and is our best estimate of the intended charges for the costs of items and services that are reasonably expected for your health care needs. The Good Faith Estimate does not include any unknown or unexpected costs that may arise during treatment. The estimate is non-binding and charges may vary from the estimate based on your medical needs or if complications or special circumstances occur.

This estimate is only valid for 30 days. If the actual charge for these services exceeds our estimate by the greater of: (i) \$100; or (ii) 5%, we will provide a written explanation as to why the charges exceed the estimate.

If items or services are reoccurring, the estimated costs are valid for 12 months from the Good Faith Estimate.

If you are uninsured or do not intend to submit your charges to your health plan (“self-paying”) and you are billed at least \$400 more than this Good Faith Estimate, you have the right to dispute the bill.

If you are uninsured or self-paying, you may contact the health care provider or facility to let them know the billed charges are higher than the Good Faith Estimate and ask them to update the bill to match the Good Faith Estimate, ask to negotiate the bill, or ask if there is financial assistance available.

Uninsured or self-paying individuals may also start a dispute resolution process for uninsured with the U.S. Department of Health and Human Services (HHS). If you choose to do so, you must start the dispute process within 120 calendar days (about 4 months) of the date on the original bill.

There is a \$25 fee to use the dispute resolution process for uninsured and self-paying individuals. If the agency reviewing your dispute agrees with you, you will have to pay the price on this Good Faith Estimate. If the agency disagrees with you and agrees with the health care provider or facility, you will have to pay the higher amount.

To learn more and get a form to start this process, go to www.cms.gov/nosurprises or call 1-800-985-3059.

For questions or more information about your right to a Good Faith Estimate or the dispute process, visit www.cms.gov/nosurprises or call 1-800-985-3059.