

GOOD FAITH ESTIMATE

If requested, health care providers (hospitals, health centers, etc.) are required to give patients, without insurance or those not using insurance, an estimate of the bill for scheduled services to be provided at health care facility.

- ◆ You have the right to request a Good Faith Estimate for the total expected cost of any scheduled service(s) provided at Neighborhood Family Practice.
- ◆ If you request an estimate for services to be provided by Neighborhood Family Practice, please ensure to request your Good Faith Estimate at least 24-72 hours prior to your scheduled appointment.
- ◆ If you ask for a Good Faith Estimate and 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, call 216-281-0872, x2001 or visit www.cms.gov/nosurprises.



Neighborhood
Family Practice
COMMUNITY HEALTH CENTERS

Neighborhood Family Practice complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.216.281.0872 (TTY: 1.800.750.0750).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1.216.281.0872 (TTY: 1.800.750.0750)。

