

## **ACT Neurodevelopmental Services, PLLC**

### **Notice of Right to Good Faith Estimate**

If you are paying for our services out-of-pocket, you have the right to receive a “Good Faith Estimate” explaining how much your health care will cost. Under the law, health care providers need to give patients who are “self-pay,” defined as those that do not have healthcare insurance or who choose not to use their healthcare insurance for our services, an estimate of their bill for health care items and services before those items or services are provided.

- You have the right to receive a Good Faith Estimate for the total expected cost of your care from us upon request or when scheduling an appointment. The Good Faith Estimate includes related costs like medical tests, prescription drugs, equipment, and other fees.
- If you schedule an appointment at least 3 business days in advance, we will provide you with a Good Faith Estimate in writing within 1 business day after scheduling. If you schedule an appointment at least 10 business days in advance, we will provide you with a Good Faith Estimate in writing within 3 business days after scheduling. You can also ask us for a Good Faith Estimate before you schedule an appointment, which we will provide to you within 3 business days of your request.
- If you receive a bill that is at least \$400 more than our Good Faith Estimate, you can dispute the bill.

For questions or more information about your right to a Good Faith Estimate, visit [www.cms.gov/nosurprises/consumers](http://www.cms.gov/nosurprises/consumers), email [FederalPPDRQuestions@cms.hhs.gov](mailto:FederalPPDRQuestions@cms.hhs.gov), or call 1-800-985-3059.