



RIGHT TO RECEIVE A GOOD FAITH ESTIMATE OF EXPECTED CHARGES UNDER THE NO SURPRISES ACT

Under the law, healthcare providers must give **patients who do not have insurance or who are not using insurance** an estimate of the charges they will receive for medical items and/or services scheduled.

- You have the right to receive a Good Faith Estimate for the total expected cost of non-emergency items or services.
- We are required to provide you with a Good Faith Estimate in writing (electronically or by mail) at least 3 business days prior to your scheduled appointment. Please request a Good Faith Estimate by **Portal message or by calling the Billing Dept at 360-734-1420 opt 5.**

Scheduled Appointment	Sent by
More than 10 days	Within 3 business days of scheduling
3-9 days	Next business day after scheduling
Less than 3 days	Not Required

- Please be aware that when requesting a Good Faith Estimate by mail, it will be sent within 3 business days, but you may not receive it within that timeframe due to delivery times being out of our control.
- If you receive a bill that is more than \$400 over your Good Faith Estimate, please reach out to our Billing Dept by phone at 360-734-1420 opt 5 to dispute the amount. If not resolved by the Billing Dept, you have the right to dispute your bill by other means.
- Please save a copy or picture of your Good Faith Estimate for future reference.

For more information about your right to a Good Faith Estimate, visit www.cms.gov/nosurprises