



NO SURPRISES ACT

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 don’t have certain types of health care coverage or who are not using certain types of health care coverage** 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 any health care items or services upon request or when scheduling such items or services. This includes related costs like medical tests, prescription drugs, equipment, and hospital fees.
- If you schedule a health care item or service at least 3 business days in advance, make sure Trinity Medical gives you a Good Faith Estimate in writing within 1 business day after scheduling. If you schedule a health care item or service at least 10 business days in advance, make sure your Trinity Medical gives you a Good Faith Estimate in writing within 3 business days after scheduling. You can also ask Trinity Medical for a Good Faith Estimate before you schedule an item or service. If you do, make sure Trinity Medical gives you a Good Faith Estimate in writing within 3 business days after you ask.
- If you receive a bill from Trinity Medical that is at least \$400 more than your Good Faith Estimate from Trinity Medical, you can dispute the bill. There is a new patient-provider dispute resolution (PPDR) process available to you. Under the PPDR process, you may request a payment review and decision from an independent company certified by HHS. These companies are referred to as Selected Dispute Resolution (SDR) entities. The SDR entity will decide what amount you must pay if your bill from Trinity Medical is at least \$400 more than your good faith estimate.
- The PPDR process is set up for:
 - People without health insurance. •
 - People with health insurance who receive an item or service that isn’t covered by their plan or coverage. •
 - People with health insurance who plan to **not use their plan or coverage** to pay for a portion or all of the costs for the item or service.
- People with health insurance includes those with:
 - A group health plan (a plan through their employer or union), •
 - Group or individual health insurance coverage offered by a health insurance issuer, •
 - A Federal health care program (such as Medicaid, Medicare or TRICARE), or •
 - A health benefits plan under a Federal Employees Health Benefits (FEHB) Program.

Note: Enrollees in Federal health care programs are not eligible to receive a good faith estimate as there are other surprise billing protections under these programs.
- Make sure to save a copy or picture of your Good Faith Estimate and the bill.

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

PRIVACY ACT STATEMENT: CMS is authorized to collect the information on this form and any supporting documentation under section 2799B-7 of the Public Health Service Act, as added by section 112 of the No Surprises Act, title I of Division BB of the Consolidated Appropriations Act, 2021 (Pub. L. 116-260). We need the information on the form to process your request to initiate a payment dispute, verify the eligibility of your dispute for the PPDR process, and to determine whether any conflict of interest exists with the independent dispute resolution entity selected to decide your dispute. The information may also be used to: (1) support a decision on your dispute; (2) support the ongoing operation and oversight of the PPDR program; (3) evaluate selected IDR entity’s compliance with program rules. Providing the requested information is voluntary. But failing to provide it may delay or prevent processing of your dispute, or it could cause your dispute to be decided in favor of the provider or facility.