

## Good Faith Estimate Notice

**You have the right to receive a "Good Faith Estimate" explaining how much your health care will cost**

Under the law, health care providers must notify patients, **who are uninsured or have health care coverage but wish to self pay and not use the coverage**, of the availability of an estimate of their bill for health care items and services before those items or services are provided.

- If you meet the above criteria, 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.
- If you schedule a health care item or service at least 3 business days in advance and you wish to have a Good Faith Estimate, make sure your health care provider or facility 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 health care provider or facility gives you a Good Faith Estimate in writing within 3 business days after scheduling. You can also ask any health care provider or facility for a Good Faith Estimate before you schedule an item or service. If you do, make sure the health care provider or facility gives you a Good Faith Estimate in writing within 3 business days after you ask.
- If you receive a bill that is at least \$400 more for any provider or facility than your Good Faith Estimate from that provider or facility, you can dispute the bill by calling the Billing Department at 973-633-1122.
- 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](http://www.cms.gov/nosurprises/consumers), email [FederalPPDRQuestions@cms.hhs.gov](mailto:FederalPPDRQuestions@cms.hhs.gov), or call 1-800-985-3059.