



No Surprise Act

The No Surprises Act, part of the Consolidated Appropriation Act, provides protections against surprise billing and limits out-of-network cost sharing under many of the circumstances in which surprise bills arise most frequently. Health care providers are required to provide a Good Faith Estimate of expected charges for items and services to individuals who are not enrolled in a plan, coverage, or a Federal health care program, or not seeking to file a claim with their plan or coverage (self-pay individuals). The Good Faith Estimate shows the costs of items and services that are reasonably expected for your health care needs for an item or service. The Good Faith Estimate does not include any unknown or unexpected costs that may arise during treatment.

If you are billed for more than the Good Faith Estimate, you have the right to dispute the bill.

You may contact the health care provider or facility listed to let them know the billed charges are higher than the Good Faith Estimate. You can ask to update the bill to match the Good Faith Estimate, ask to negotiate the bill, or ask if there is financial assistance available.

You may also start a dispute resolution process with the U.S Department of Health and Human Services (HHS). If you choose to use the dispute resolution process, you must start the dispute process within 120 calendar days of the date on the original bill.

There is a \$25 fee to use the dispute process. If the agency reviewing your dispute agrees, you will have to pay the price on the Good Faith Estimate. If the agency disagrees, and agrees with the health care provider or facility, you will have to pay the higher amount.

To learn more and get a form to start the process, go to www.cms.gov/nosurprises.