

## Good Faith Estimate Notice to Clients and Prospective Clients

Under the law, health care providers need to give clients who don't have insurance or who are not using insurance an estimate of the expected charges for medical services, including therapy services. You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency healthcare services, including therapy services. The estimate is based on information known at the time the estimate was created. The Good Faith Estimate does not include any unknown or unexpected costs that may arise during treatment. You could be charged more if complications or special circumstances occur. If this happens, federal law allows you to dispute (appeal) the bill. You can ask your health care provider, and any other provider you choose, for a Good Faith Estimate before you schedule a service, or at any time during treatment.

You have a right to dispute a bill if the actual amount charged to you substantially exceeds the estimated charges stated in your Good Faith Estimate (which means \$400 or more beyond the estimated charges). You may contact the Hillsides Billing Department to let them know the billed charges are higher than the Good Faith Estimate at [ProviderServices@hillsides.org](mailto:ProviderServices@hillsides.org). You can ask them 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). Initiating the dispute process will not adversely affect the quality of services rendered to you. If you choose to use the dispute resolution process, you must start the dispute process within 120 calendar days (about 4 months) of the date on the original bill. There is a \$25 fee to use the dispute process. If the agency reviewing your dispute agrees with you, you will have to pay the price on this Good Faith Estimate. If the agency disagrees with you and agrees with the health care provider or facility, you will have to pay the higher amount.

Keep a copy of this Good Faith Estimate in a safe place or take pictures of it. You may need it if you are billed a higher amount. You are encouraged to speak with Hillsides at any time about any questions you may have regarding your treatment plan, or the information provided to you in the Good Faith Estimate.

For questions or more information about your right to a Good Faith Estimate, or how to dispute a bill, see your Estimate, or visit [www.cms.gov/nosurprises/consumers](http://www.cms.gov/nosurprises/consumers) or call HHS at (800) 985-3059.

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