



**Notice to Patients: “Right to Receive a Good Faith Estimate of Expected Charges” Under the No Surprises Act**

**You have the right to receive a “Good Faith Estimate” explaining how much your medical care will cost**

Under the law, health care providers need to give **patients who don’t have insurance or who are not using insurance** an estimate of the bill for medical items and services.

- You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency items or services. This includes related costs like medical tests, prescription drugs, equipment, and hospital fees.
- Make sure your health care provider gives you a Good Faith Estimate orally and in writing at least 1 business day before your medical service or item. You can also ask your health care provider, and any other provider you choose, for a Good Faith Estimate before you schedule an item or service.
- If you receive a bill that is at least \$400 more than your Good Faith Estimate, you can dispute the bill.
- Make sure to personally save a copy or picture of your Good Faith Estimate. A scanned copy of your Good Faith Estimate will be saved to your Boston Orthopaedic & Spine Electronic Medical Record.

**Questions**

For questions or more information about your right to a Good Faith Estimate, visit [www.cms.gov/nosurprises](http://www.cms.gov/nosurprises) or contact our Billing Department by phone at 617-588-3098 or by email at [billing@mybostonortho.com](mailto:billing@mybostonortho.com)