

ATTACHMENT C

MODEL NOTICE: "RIGHT TO RECEIVE A GOOD FAITH ESTIMATE OF EXPECTED CHARGES"

Instructions

(For use by health care providers no later than January 1, 2022)

Under Section 2799B-6 of the Public Health Service Act, health care providers and health care facilities are required to inform individuals who are not enrolled in a plan or coverage or a Federal health care program, or not seeking to file a claim with their plan or coverage **both orally and in writing** of their ability, upon request **or** at the time of scheduling health care items and services, to receive a "Good Faith Estimate" of expected charges. This form has been adapted to include the model language developed by the Indiana General Assembly concerning good faith estimates as required by Indiana law.

This form may be used by the health care providers to inform individuals who are not enrolled in a plan or coverage or a Federal health care program (uninsured individuals), or individuals who are enrolled but not seeking to file a claim with their plan or coverage (self-pay individuals) of their right to a "Good Faith Estimate" to help them estimate the expected charges they may be billed for receiving certain health care items and services. Information regarding the **availability of a "Good Faith Estimate" must be prominently displayed** on the convening provider's and convening facility's website and in the office and on-site where scheduling or questions about the cost of health care occur.

Indiana also requires providers to make diligent attempts to ensure that individuals are aware of their right to request a good faith estimate by at least three of the following means of communication:

1. Notice on the provider and facility's website;
2. On-hold messaging;
3. Waiting room notification;
4. Pre-appointment reminders (including email or text messaging);
5. During appointment check-in and/or check-out;
6. During patient financial services or billing department inquiries; and/or
7. Through an electronic and patient communication portal.

This communication must state words to the effect that: "A patient may ask for an estimate of the amount he/she will be charged for a non-emergency health care service provided in our facility. The law requires an estimate be provided within 5 business days."

To use this model notice, the provider or facility must fill in the blanks with the appropriate information. HHS considers use of the model notice to be good faith compliance with the good faith estimate requirements to inform an individual of their rights to receive such a notice. Use of this model notice is not required and is provided as a means of facilitating compliance with the applicable notice requirements. However, some form of notice, including the provision of certain required information, is necessary to begin the patient-provider dispute resolution process.

NOTE: The information provided in these instructions is intended only to be a general informal summary of technical legal standards. It is not intended to take the place of the statutes, regulations, or formal policy guidance upon which it is based. Readers should refer to the applicable statutes, regulations, and other interpretive materials for complete and current information, including the Requirements Related to Surprise Billing; Part II interim final rule which provides the official requirements related to the Good Faith Estimate.

Health care providers and facilities should not include these instructions with the documents given to patients



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

If you don't have insurance or don't intend to use insurance to pay for scheduled non-emergency health care services, federal law requires that health care providers and facilities provide you with an estimate of the expected charges for medical items and services at least 1 business day before the scheduled services are to be performed.

- If you are uninsured or not using insurance to pay for your health care services, and receive a bill that is at least \$400 more than your Good Faith Estimate, you can dispute the bill.

Any patient may request an estimate of the expected charges for non-emergency health care services that have been ordered, scheduled or referred and state law requires that health care providers and facilities provide you with an estimate of the expected bill for medical items and services within 5 business days of the request.

- 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.
- If you request an estimate and the actual charge for the health care services exceeds your Good Faith Estimate by the greater of: (i) \$100; or (ii) 5%, we will provide a written explanation as to why the charges exceed the estimate.
- Make sure to save a copy or picture of your Good Faith Estimate.

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