

## Good Faith Estimate

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**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.

If you don't have insurance, your insurance company does not participate with McDonough District Hospital or its Medical Group, or you elect not to use your insurance to cover the services you receive, you will be considered to be a Self-Pay patient.

### **As a Self-Pay Patient:**

- You have the right to receive a written Good Faith Estimate for the total expected cost of any **non-emergency** items or services prior to the receipt of service. This includes related costs like medical tests, prescription drugs, equipment, and hospital fees.
- Your health care provider should provide you with a Good Faith Estimate in writing 1-3 business days before your scheduled medical service.
- If your medical service was scheduled on the same day it is to be received, your health care provider should give you a written Good Faith Estimate prior to your receipt of the service.
- You have the right to 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 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](http://www.cms.gov/nosurprises) or call McDonough District Hospital, Patient Financial Services at (309) 833-4101.