**Notice of Right to Receive a Good Faith Estimate of Expected Charges - Based off the CMS Model Form**

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

**Instructions**

Under Indiana law and the federal No Surprises Act, health care providers and health care facilities are required to inform individuals **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. While both laws establish this general requirement, Indiana’s law establishes additional requirements that, if met, also satisfy Federal laws. Attachment A includes a form that Indiana’s health care providers may use to inform individuals of their right to a Good Faith Estimate.

**Posting**

Health care providers and facilities must make diligent attempts to ensure that patients are aware of the patient's right to request a good faith estimate. To meet their obligations, health care providers and facilities must post their notice with the information in Attachment A in a prominent location on their website and make it available in at least two of the following media:

* Notice on the provider's Internet web site.
* On hold messaging.
* Waiting room notification.
* Pre-appointment reminders, including through electronic mail (email) or text messaging.
* During appointment or services check in.
* During appointment or services check out.
* During patient financial services or billing department inquiries.
* Through an electronic medical and patient communication portal.

Federal regulators consider the use of the model notice (Attachment A) to be good faith compliance with the good faith estimate requirements to inform an individual of their rights to receive such a notice. Such notice, when provided, will be necessary to initiate a patient-provider dispute resolution process, when applicable.

**Disclaimer**

The information provided herein 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. These instructions and any model notices summarize current regulations and guidance and may be subject to change. Health care providers should to refer to the applicable statutes, regulations, and appropriate interpretive materials for complete and current information, including CMS’s website at <https://www.cms.gov/nosurprises> and CMS forms and instructions <https://www.cms.gov/regulations-and-guidancelegislationpaperworkreductionactof1995pra-listing/cms-10791>.

**ATTACHMENT A**

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

Under state and federal law, a patient may ask a health care provider for a Good Faith Estimate of the price the health care provider and health facility will charge for providing a nonemergency health care service, including costs such as medical tests, prescription drugs, equipment, and hospital fees. The Good Faith Estimate will be made in writing and provided within the timeframes stated in this notice.

* **Any Patient.** Any patient (insured, uninsured, or self-pay) may request a Good Faith Estimate of expected charges for nonemergency health care services. When one is requested, you will be provided a copy of this Good Faith Estimate within 3 business days of the request (when uninsured or self-pay) and 5 business days (when insured).
* **Uninsured Patients**.Federal law requires health care providers to give you a Good Faith Estimate in advance of scheduling or upon request if you are uninsured or self-pay (not using your insurance to pay for the item or service). The Good Faith Estimate will be provided within 3 business days of scheduling the nonemergency health care service or within 1 business day if the nonemergency health care service is scheduled to be performed by the practitioner within 3 business days.

You may ask your health care provider, and any other provider you choose, for a Good Faith Estimate before you schedule an item or service.

Patients who are uninsured or self-pay may dispute the actual charges if the exceed the Good Faith Estimate by at least $400.00.

**Make sure to save a copy of your Good Faith Estimate.**

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

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