



Jeffrey Stucki, DO
Ryan Miller, DO
Dale Belnap, PA
Jason Romriell, PA

NOTICE OF GOOD FAITH ESTIMATE

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

Under federal law, healthcare providers must give un-insured patients or patients that choose not to use their insurance an estimate of the expected charges for medical items and services.

Your rights as a patient:

- You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergent medical items or services.
- This includes related costs such as medical tests, procedures, office visits, supplies and other services that may be reasonably expected as part of your care.
- You are entitled to a Good Faith Estimate in writing at least 1 business day before your medical care/services. If your services are scheduled, you are entitled to the Good Faith Estimate 3 business days in advance.
- If you receive a bill that exceeds \$400.00 more than your Good Faith Estimate, you may have the right to dispute the bill.
- You must start the dispute process with 120 calendar days of the date of the original bill.
- Be sure to save a copy of your Good Faith Estimate.

For more information about your rights to a Good Faith Estimate, visit:

CMS No Surprise Act Information- <https://www.cms.gov/medical-bill-rights>

or call 800-985-3059.

Questions regarding this notice can be directed to the billing manager by calling 208-235-4263 or e-mailing us at contact.us@idahohandinstitute.com