

Helping Hand Therapy

Mailing Address: 843 Pittview Ave Central Point, Oregon 97502 Ashland Office: 1605 Siskiyou Blvd Ashland, Oregon 97520

Email: info@helpinghandtherapy.net

P 541 203 6139

Your Right to a Good Faith Estimate

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

Under the law, health care providers are required 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.
- Make sure your health care provider gives you a Good Faith Estimate in writing at least 1 business day before
 your service. You can also ask your health care provider 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 or call 1-800-985-3059.