



WHAT ARE GOOD FAITH ESTIMATES (GFE) & HOW WILL IT IMPACT THE CARE I RECEIVE?

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 do not have insurance or who are not using insurance** an estimate of the bill for medical items and services.

WHAT IS A GOOD FAITH ESTIMATE?

A Good Faith Estimate (GFE) is an explanation of expected costs report that is provided in advance of your appointment. It must include charge information for the primary service that Saban expects to provide, and for any items/services for which there is a separate charge that are “reasonably expected” to be provided “in conjunction with the primary service.” The estimate is based on information known at the time the estimate was created. The Good Faith Estimate does not include any unknown or unexpected costs that may arise during treatment. You could be charged more if complications or special circumstances occur. If this happens, federal law allows you to dispute (appeal) the bill. Make sure to keep a copy or picture of your good faith estimate.

HOW DOES IT WORK?

If you schedule an appointment at least three business days in advance Saban will provide you with a good faith estimate.

WILL SABAN NEED TO PROVIDE A GFE FOR ALL APPOINTMENTS SCHEDULED?

No. Good faith estimates are required for all scheduled services for patients who:

- Are uninsured.
- Do not have coverage for a scheduled service.
- Elect to pay out of pocket and not use their insurance coverage.

WHAT IF MY BILL IS MORE THAN MY GOOD FAITH ESTIMATE?

If you receive a bill that is at least \$400 more than your good faith estimate, you can dispute the bill (appeal). Saban also offers several financial assistance options, contact the billing department at (323) 337- 1713, billing@sabancommunityclinic.org, or via MyChart for more information. You are also able to start a dispute resolution process with the U.S. Department of Health and Human Services (HHS). If you choose to use the dispute resolution process, you must start the dispute process within 120 calendar days (about 4 months) of the date on the original bill.

Your Rights and Protections Against Surprise Medical Bills

When you get emergency care or get treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from surprise billing or balance billing.

What is “balance billing” (sometimes called “surprise billing”)?

When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, such as a copayment, coinsurance, and/or a deductible. You may have other costs or have to pay the entire bill if you see a provider or visit a health care facility that isn't in your health plan's network.

“Out-of-network” describes providers and facilities that haven't signed a contract with your health plan. Out-of-network providers may be permitted to bill you for the difference between what your plan agreed to pay and the full amount charged for a service. This is called “**balance billing**.” This amount is likely more than in-network costs for the same service and might not count toward your annual out-of-pocket limit.

“Surprise billing” is an unexpected balance bill. This can happen when you can't control who is involved in your care — like when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider.

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WHERE CAN I FIND MORE INFORMATION?

You can go to www.SabanCommunityClinic.org.