



**Generation Hope Family Counseling & Consulting, LLC**

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## **RIGHT TO RECEIVE A GOOD FAITH ESTIMATE OF EXPECTED CHARGES (No Surprises Act)**

**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.

- **Your Right to an Estimate:** You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency items or services. This includes related costs like medical tests, prescription drugs, equipment, and hospital fees.
- **Timing:** Make sure your health care provider gives you a Good Faith Estimate in writing at least 1 business day before your medical service or item. You can also ask your health care provider, and any other provider you choose, for a Good Faith Estimate before you schedule an item or service.
- **Dispute Rights:** If you receive a bill that is at least \$400 more than your Good Faith Estimate, you can dispute the bill.
- **Save Your Copy:** Make sure to save a copy or picture of your Good Faith Estimate.

**For Questions or to File a Complaint:**

**Contact this Office First: Generation Hope Family Counseling & Consulting, LLC Phone: (402) 932-8884**

**Federal "No Surprises" Help Desk:** 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: **1-800-985-3059**

**Nebraska Department of Insurance:** (Consumer Affairs Division)  
**Phone:** (877) 564-7323 **Website:** [doi.nebraska.gov](http://doi.nebraska.gov)