Your Right to a Good Faith Estimate of Expected Charges

Under the No Surprises Act

Your Right to a "Good Faith Estimate"

Under Section 2799B-6 of the Public Health Service Act, health care providers and health care facilities are required to inform individuals who are not enrolled in a plan or coverage or a Federal health care program, or not seeking to file a claim with their plan or coverage, of their right to receive a "Good Faith Estimate" of expected charges.

If you are uninsured or self-pay (meaning you do not have health insurance, or you choose not to use your insurance to pay for a service), you have the right to receive a Good Faith Estimate explaining the total expected cost of any non-emergency items or services.

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.

- 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.
- 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 healthcare provider, and any other provider you choose, for a Good Faith Estimate before you schedule an item or service.
- To request a Good Faith Estimate from Anchor Health, contact us using the "Anchor Health Contact Information" section below and tell us (1) the service(s) you are seeking, (2) the date(s) you are considering, and (3) whether you are uninsured or self-pay (including if you are choosing not to bill insurance).
- 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.

How Anchor Health Provides Estimates

At Anchor Health, we are committed to transparency and the model of Anchored Care^{SMIP}, which prioritizes clear communication and thoughtful planning. Whether you are a self-pay patient, utilizing a membership pathway, or choosing not to use your insurance benefits for a specific visit, we will provide you with a Good Faith Estimate as follows:

- **Upon Scheduling:** If you schedule a service at least three (3) business days in advance, we will provide a written Good Faith Estimate within one (1) business day of scheduling. If you schedule a service at least ten (10) business days in advance, we will provide the estimate within three (3) business days of scheduling.
- **Upon Request:** You may request a Good Faith Estimate at any time prior to scheduling. We will provide this estimate in writing within three (3) business days of your request.

Important Disclaimers

- **Estimate Only:** A Good Faith Estimate shows the costs of items and services that are reasonably expected for services and items provided for your health

care needs. The estimate is based on information known at the time the estimate was created.
- **Not a Contract:** 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 exceptional circumstances occur.
- **Insurance Limitations:** If you are using insurance, this Good Faith Estimate does not apply to your out-of-pocket costs (such as copayments, deductibles, or coinsurance), which are determined by your insurance carrier.

If You Are Billed More Than the Estimate

If you receive a bill from Anchor Health that is at least $400 more than your Good Faith Estimate, you have the right to dispute the bill through the patient-provider dispute resolution process.

You may contact us at the information below to let us know the billed charges are higher than the Good Faith Estimate. You can ask us to update the bill to match the estimate, ask to negotiate the bill, or ask if there is financial assistance available.

You may also start a dispute resolution process with the U.S. Department of Health and Human Services (HHS) within 120 calendar days (about 4 months) of the date on the original bill. There is a $25 fee to use the dispute process. If the agency reviewing your dispute agrees with you, you will have to pay the price on your Good Faith Estimate. If the agency disagrees with you and settles in favor of the provider, you will have to pay the higher amount.

For information about the federal patient-provider dispute resolution process (including forms and instructions), visit www.cms.gov/nosurprises or call 1-800-985-3059.

Contact Information

For questions or more information about your right to a Good Faith Estimate, visit www.cms.gov/nosurprises or call 1-800-985-3059.

Anchor Health Contact Information:

- **Website:** https://myanchorhealthpc.com/
- **Email:** info@myanchorhealthpc.com
- **Mailing Address:** 1451 Rockville Pike, Ste 250-247, Rockville, MD 20814
- **Phone:** 301-301-9748 | 240-424-0836