Rittenhouse
HEMATOLOGY ONCOLOGY

Good Faith Estimate Requirements

Good Faith Estimates are part of consumer protections introduced under the No Surprises Act. These are designed to protect patients from unexpected medical bills and improve transparency in pricing.

A good faith estimate shows a provider or facility's expected charges for items or services.

- Based on information known at the time, the provider of the facility creates an estimate
- Won't include any unknown or unexpected costs that may be added during a patient's treatment

Key Requirements

- Each covered provider and facility must prominently display in an understandable manner information regarding the availability of a good faith estimate on its website, in its office or facility, and on-site where scheduling or questions about the cost of items or services may occur.
- Applies to uninsured patients and insured patients who elect not to submit a claim to their health insurance for coverage (self-pay)
- Good faith estimate must be in writing and can be delivered electronically or on paper, and must be signed by the patient and the provider/facility
- Good faith estimates must be provided:
    - Within 3 business days when an appointment is 10+ business days away
    - Within 1 business day when an appointment is 3–9 business days away
    - Within 3 business days when a good faith estimate is requested without scheduling an appointment.
- Description of the primary item or service should be provided along with an itemized list of expected charges, such as:
    - Office visits
    - Procedures
    - Lab Tests
    - Imaging
    - Facility fees
    - Any known additional services

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Key Requirements (continued)

- Applicable diagnosis codes and expected service codes (if known) should be included in the good faith estimate.
- Names of other providers involved (if coordinating care) should be included in the estimates.
- The good faith estimate should include disclaimers that:
    - Informs the patient that there may be additional items or services as part of the course of care that must be scheduled and are not reflected in the estimate
    - Informs the patient that the information provided is only an estimate and that actual items, services, or charges may differ from the original estimate.
    - Informs the patient of their right to initiate a dispute resolution process if the actual billed charges are substantially more than the expected charges in the good faith estimate.

    – Patients can dispute a bill if it is $400 or more above the good faith estimate
    – Disputes are handled via the HHS Patient–Provider Dispute Resolution Process