



ORLANDO PSYCHOLOGY ASSOCIATES

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No Surprises Act (NSA)

- The Good Faith Estimate requirements under the No Surprises Act aims to give patients a clear sense of what upcoming healthcare services will cost.
- Beginning in 2022, consumers have new billing protections when receiving emergency care, non-emergency care from out-of-network providers at in-network facilities, and ambulance services. The primary reason behind the NSA involved emergency situations when a consumer might not be able to choose a provider, even when at an in-network hospital, and then receive care and charges from out-of-network providers at that facility.
- The NSA affirms that an uninsured or self-pay patient has the right to receive a “Good Faith Estimate” explaining how much 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.
- You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency items or services. This may include 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 one business day before your medical service. You can also ask your health care provider, and any other provider you choose, for a Good Faith Estimate before you schedule a service.
- Make sure to save a copy or picture of your Good Faith Estimate.
- If you have questions or need clarification regarding services or charges, please contact the OPA office manager.
- If you receive a bill for a service that substantially exceeds your Good Faith Estimate, you can dispute the bill.

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