[Insert Fyzical Header]

**You have the right to request a good faith estimate of the cost of nonemergency health care services under *[Florida and]* Federal law.**

[In Florida, a patient may ask for an estimate of the amount the patient will be charged for a nonemergency medical service provided.] Federal law requires that we provide a good faith estimate to **patients who don’t have insurance or who are not using insurance.** The Good Faith Estimate must be providedwithin 3 business days of your request, or within 1 or 3 business days of scheduling depending on the date services are to be provided.

* 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 facility 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 health care provider, and any other provider you choose, for a Good Faith Estimate before you schedule an item or service.
* 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.

For questions or more information about your right to a Good Faith Estimate, visit <https://www.cms.gov/nosurprises>/consumers or dial 1-800-985-3059 for more information about your rights under federal law.