

Surgery Center of Southern Oregon, LLC

No Surprises Act Patient Notice

Your Rights and Protections Against Surprise Medical Bills

Part II

Your Right to Receive a Good Faith Estimate of Expected Charges

Under the federally mandated No Surprises Act and Oregon law, **if you do not have healthcare insurance, or if you will not be using your insurance**, you have the right to receive a “Good Faith Estimate” of the total expected cost of non-emergency medical services.

- You have the right to receive a “Good Faith Estimate” for the total expected cost of any non-emergency medical services reasonably expected to be furnished for your medical service, and for medical services reasonably expected to be furnished in *conjunction* with your medical service.
- You should be given 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 from our office that is at least \$400 more than your Good Faith Estimate, you may dispute the bill by contacting the billing office at 541-608-8699. If you are not able to resolve the dispute with our billing office, you may choose to start a dispute resolution process by visiting:

<https://www.cms.gov/nosurprises/consumers> or call 1-800-985-3059.

Dispute claims must be filed within 120 days of the date on your bill.