

Texas Neurosurgery, LLP

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NO SURPRISES ACT GOOD FAITH ESTIMATE

Notice of Good Faith Estimate

Under the NO Surprises Act, you have the right to receive a “Good Faith Estimate” explaining how much your medical care will cost. By law, health care providers and health care facilities are required to give patients who do not have insurance or are not using insurance and estimate of the bill of 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 such as medical tests and services, medications, and equipment
- Texas Neurosurgery, LLP will provide you with a Good Faith Estimate in writing as your healthcare provider. You can also ask our team for a Good Faith Estimate before scheduling a service
- If you received a bill at least \$400 more than your Good Faith Estimate, you could dispute the bill.
- Make sure you save a copy of take a picture of your Good Faith Estimate.

For questions or more information about your rights to a Good Faith Estimate or understanding your rights against surprise medical bills, visit www.cms.gov/nosurprises or call the Help Desk at 1-800-985-3059.

Also, visit <https://tdi.texas.gov/medical-billing/surprise-balance-billing.html> for more information about your rights under Texas law.