(OMB Control Number: 0938-1401)

YOUR RIGHT TO A GOOD FAITH ESTIMATE

Sinnergy Wellness Group is a private-pay practice. We do not bill health insurance. That means every client we see has the right to a Good Faith Estimate — and we provide one to every client automatically.

What is a Good Faith Estimate?

Under the No Surprises Act, health care providers must give clients who do not have insurance, or who are not using insurance, a written estimate of the expected charges for their care before that care is provided.

What you can expect from us

- You will receive a written Good Faith Estimate when you schedule, covering the total expected cost of your care — nutrition therapy sessions, counseling sessions, assessments, and related services.
- **You do not need to ask for it.** We provide it as a matter of course.
- You will receive it in writing at least one business day before your scheduled appointment. If you request one before scheduling, we will provide it within three business days.
- If you ask us about costs by phone or in person, we will still send the estimate to you in writing.
- Please keep a copy for your records.

If you have questions

Call or text (480) 382-6109, or email info@sinnergywellness.com. There is no charge for a Good Faith Estimate, and asking about costs will never affect your care.

If you are billed for more than your estimate

If you receive a bill that is at least **$400 more** than your Good Faith Estimate, you have the right to dispute the bill. You may start a patient-provider dispute resolution process with the U.S. Department of Health and Human Services within **120 calendar days** of the date on your bill. There is a $25 fee to use the process. If the agency reviewing your dispute agrees with you, you will pay the price on your Good Faith Estimate.

Starting a dispute will not affect the quality of care you receive from us.

A Good Faith Estimate is not a contract. It does not require you to obtain services from Sinnergy Wellness Group or from any provider named in it.

For more information visit **www.cms.gov/nosurprises** or call **1-800-985-3059**.

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PROTECTION FROM BALANCE BILLING

When you get emergency care or get treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from surprise billing or balance billing.

What is "balance billing" (sometimes called "surprise billing")?

When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, such as a copayment, coinsurance, and/or a deductible. You may have other costs or have to pay the entire bill if you see a provider or visit a health care facility that isn't in your health plan's network.

"Out-of-network" describes providers and facilities that haven't signed a contract with your health plan. Out-of-network providers may be permitted to bill you for the difference between what your plan agreed to pay and the full amount charged for a service. This is called **balance billing**. This amount is likely more than in-network costs for the same service and might not count toward your annual out-of-pocket limit.

"Surprise billing" is an unexpected balance bill. This can happen when you can't control who is involved in your care — like when you have an emergency, or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider.

You are protected from balance billing for:

Emergency services

If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, the most the provider or facility may bill you is your plan's in-network cost-sharing amount (such as copayments and coinsurance). You **can't** be balance billed for these emergency services. This includes services you may get after you're in stable condition, unless you give written consent and give up your protections not to be balance billed for these post-stabilization services.

Certain services at an in-network hospital or ambulatory surgical center

When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers may bill you is your plan's in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers **can't** balance bill you and may **not** ask you to give up your protections not to be balance billed.

If you get other services at these in-network facilities, out-of-network providers **can't** balance bill you unless you give written consent and give up your protections.

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YOUR ADDITIONAL PROTECTIONS

You're never required to give up your protection from balance billing. You also aren't required to get care out-of-network. You can choose a provider or facility in your plan's network.

When balance billing isn't allowed, you also have the following protections:

- You are only responsible for paying your share of the cost (like the copayments, coinsurance, and deductibles that you would pay if the provider or facility was in-network). Your health plan will pay out-of-network providers and facilities directly.
- Your health plan generally must cover emergency services without requiring you to get approval for services in advance (prior authorization).
- Your health plan generally must cover emergency services by out-of-network providers.
- Your health plan generally must base what you owe the provider or facility (cost-sharing) on what it would pay an in-network provider or facility, and show that amount in your explanation of benefits.
- Your health plan generally must count any amount you pay for emergency services or out-of-network services toward your deductible and out-of-pocket limit.

If you believe you've been wrongly billed, you may contact **www.cms.gov/nosurprises** or call **1-800-985-3059**.

For more information about your rights under Federal law, visit:

- **www.cms.gov/nosurprises** — Centers for Medicare & Medicaid Services
- The American Hospital Association's detailed summary of the No Surprises Act
- The American Medical Association's high-level summary of the No Surprises Act

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