

Notice of Right to a Good Faith Estimate

Under the No Surprises Act

Your Right to Receive a Good Faith Estimate of Expected Charges

Under Section 2799B-6 of the Public Health Service Act, health care providers and health care facilities are required to inform individuals who are not enrolled in a plan or coverage or a Federal health care program, or not seeking to file a claim with their plan or coverage, a "Good Faith Estimate" of expected charges.

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 hospital fees.

Key Protections and Requirements:

1. **Written Estimate:** Idaho Medical Massage will provide you with a Good Faith Estimate in writing at least 1 business day before your medical service or item. You can also ask your healthcare provider, and any other provider you choose, for a Good Faith Estimate before you schedule an item or service.
2. **Scope of Estimate:** The Good Faith Estimate shows the costs of items and services that are reasonably expected for your health care needs for an item or service. The estimate is based on information known at the time the estimate was created.
3. **Dispute Process:** If you receive a bill that is at least \$400 more than your Good Faith Estimate, you can dispute the bill.
4. **Record Keeping:** Make sure to save a copy or picture of your Good Faith Estimate for your records.

Who This Notice Applies To:

This notice applies to all "uninsured" or "self-pay" individuals. This includes:

- Individuals who do not have health insurance.
- Individuals who have health insurance but do not plan to use their insurance to pay for the medical massage services provided (Self-Pay).

How to Request an Estimate:

At Idaho Medical Massage, we believe in pricing transparency. While our standard rates are posted publicly, you have the right to request a personalized Good Faith Estimate that includes the expected total cost of your massage therapy and any related clinical services (based on the information we have at the time the estimate is created).

Please ask for your Good Faith Estimate in writing at least 1 business day before your service.

You may also request an estimate before you schedule.

Standard Rates (Self-Pay / Not Using Insurance):

- **\$140** per **60-minute** session (**\$35 per 15-minute unit**)

To request a Good Faith Estimate, please contact our administrative office (or ask at the front desk) and tell us:

- The service you're scheduling (and the date/time), and
- Whether you are uninsured or not using your insurance for this visit.

If You are Billed More Than Your Estimate:

The Good Faith Estimate is not a contract and does not require the uninsured (or self-pay) individual to obtain the items or services from any of the providers or facilities identified in the Good Faith Estimate.

If you receive a bill that is at least \$400 more than your Good Faith Estimate, you may contact Idaho Medical Massage to let us know the billed charges are higher than the estimate. You can ask us to update the bill to match the estimate, ask to negotiate the bill, or ask if there is financial assistance available.

You may also start a dispute resolution process with the U.S. Department of Health and Human Services (HHS). If you choose to use the dispute resolution process, you must start the dispute process within 120 calendar days (about 4 months) of the date on the original bill. There is a \$25 fee to use the dispute process. If the agency reviewing your dispute agrees with you, you will pay the price on your Good Faith Estimate.

How to Start a Dispute (HHS – Patient-Provider Dispute Resolution "PPDR"):

If your bill is **at least \$400 more** than your Good Faith Estimate, you can initiate the federal dispute process with HHS.

1. **Gather documents:** Your Good Faith Estimate and the bill you received.
2. **Start the dispute within 120 days** of the date on the bill.
3. **Submit a PPDR request to HHS:**
 - Online and forms/instructions: www.cms.gov/nosurprises
 - Help Desk: **1-800-985-3059**

For questions or more information about your right to a Good Faith Estimate:

- Visit www.cms.gov/nosurprises
- Call the No Surprises Help Desk at **1-800-985-3059**.

Idaho Medical Massage

www.idahomedicalmassage.com

Clinical Massage Provider | Outcome-Based Medical Massage Therapy