无保险和自费患者

您有权利获得诚信估价单 (Good Faith Estimate)

您依法享有的权利

在下列情况下, 您有权获得一份关于您医疗账单的书面估价 (称为诚信估价单):

- 您的就诊预约提前3天或更长时间安排,并且
- 您将不使用保险来支付就诊费用,或者您没有保险。

如果没有自动向您提供估价单,您也可以要求获得一份估价单。非隶属于 Fairview 的医疗保健服务提供者也可以为您提供一份估价单。

诚信估价单将包括项目或服务的预期费用,例如: 非急诊诊 所就诊的费用,加上任何实验室检测、医疗程序和用品的费 用。

请务必保存一份您的诚信估价单的副本或照片。如果您收到 我们的账单,且该账单比您的估价单多出至少 400 美元,您 则可以提出异议。您必须于收到账单后 120 天内提出异议。

Uninsured and Self-Pay Patients

Your right to a Good Faith Estimate

Your rights under the law

You have the right to a written estimate of your medical bill (called a Good Faith Estimate) when:

- Your appointment is scheduled 3 or more days in advance and
- You will not be using insurance to pay for the visit or, you do not have insurance.

You may also request an estimate if one is not automatically provided. Providers not affiliated with Fairview can also give you an estimate.

The Good Faith Estimate will include the expected charges of the item or service, such as: the cost of a non-emergency clinic visit, plus any lab tests, procedures and supplies.

Make sure to save a copy or photo of your Good Faith Estimate. If you receive a bill from us that is at least \$400 more than your estimate, you can dispute it. This must be done within 120 days of receiving the bill.

如果您有任何相关问题

我们的财务顾问可以回答关于您的诚信估价单方面的问题, 并解释您的医疗护理可能需要的费用。

M Health Fairview University of Minnesota Medical Center 612-672-1048

Fairview Range 218-362-6624

Grand Itasca Clinic and Hospital 218-999-1710

如需了解关于您获得诚信估价单权力方面的更多信息,请访问:

- <u>www.cms.gov/nosurprises</u>
- mhealthfairview.org/billing/patient-billing-financial-services

If you have questions

Our financial counselors can answer questions about your Good Faith Estimate and explain the possible costs of your care.

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For more information about your right to a Good Faith Estimate, visit:

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