

# ALLERGY PARTNERS<sup>®</sup>

## You may have the right to receive a “Good Faith Estimate” explaining how much your medical care will cost

Under the No Surprises Act, Allergy Partners must give uninsured individuals or self-pay individuals an estimate of the bill for medical services and items. For purposes of the Good Faith Estimate requirement:

- An **Uninsured individual** is one who is not enrolled in a group health plan, or group or individual health insurance coverage, or a Federal health care program (e.g., Medicare, Medicaid), or a Federal Employee Health Benefit (FEHB) program health benefits plan.
- A **Self-pay individual** is one who has benefits under, but is not seeking to have a claim submitted to, a group health plan, individual or group health insurance coverage, or FEHB program health benefits plan for the item or service being scheduled or for which a good faith estimate is requested.

**Uninsured** and **Self-pay** individuals have the following rights:

- You have a right to receive a Good Faith Estimate for the total expected cost of any scheduled non-emergency items or services. This includes related costs like medical tests (skin testing, spirometry).
  - Allergy Partners will provide a Good Faith Estimate within the following timeframes:
    - When a primary item or service is scheduled at least 3 business days before the date the item or service is scheduled to be furnished, the Good Faith Estimate will be provided no later than 1 business day after the date of scheduling.
    - When a primary item or service is scheduled at least 10 business days before such item or service is scheduled to be furnished, the Good Faith Estimate will be provided no later than 3 business days after the date of scheduling.
- You can also ask Allergy Partners for a Good Faith Estimate before you schedule a service or item.
  - Allergy Partners will provide the requested Good Faith Estimate no later than 3 business days after the date of the request.
- If you receive a bill that is at least \$400 more than your Good Faith Estimate, you can dispute the bill.

**Make sure to save a copy or picture of your Good Faith Estimate.**

For questions or more information about your right to a Good Faith Estimate, visit [www.cms.gov/nosurprises](http://www.cms.gov/nosurprises) or call [1-800-985-3059](tel:1-800-985-3059).