

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.

If you have questions

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

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

Fairview Range
218-362-6624

Grand Itasca Clinic and Hospital
218-999-1710

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

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

- FIIRO GAAR AH: Hadii aad ku hadasho Soomaali, waaxda luqadaha, qaybta kaalmada adeegyada, waxay idiin hayaan adeeg kharash la'aan ah. So wac 612-273-3780.
- ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 612-273-3780.
- We comply with applicable federal and state civil rights laws, including the Minnesota Human Rights Act. We do not discriminate because of race, color, creed, religion, national origin, marital status, age, disability, sexual orientation or sex.