

Self-Pay Patient Disclaimer - The Good Faith Estimate for the No Surprises Act

A Good Faith Estimate shows the costs of services reasonably expected for your medical or surgical office visit with Bliss Dermatology. Each visit or subsequent treatment will require another estimate to be produced and given to you before your appointment.

A Good Faith Estimate does not include any unknown or unexpected costs that may arise during treatment. You could be charged more if medically necessary treatments or interventions are required for your care. Cosmetic services and Out-of-Network costs are not covered under the No Surprises Act, and a Good Faith Estimate does not apply.

Each estimate for each provider may differ in scope and cost. If your final bill is over \$400 (per provider) more than you were initially quoted, you have the right to dispute the bill.

You may also start a dispute resolution process with the U.S. Department of Health and Human Services (HHS) by visiting https://nsa-idr.cms.gov/paymentdisputes/s/.

If you choose to use the dispute resolution process, you must start the dispute process within 120 calendar days of the date on the original bill. Of note, the HHS charges a non-refundable administrative fee for your dispute process to occur.

If the dispute is ruled in your favor, you must pay the original amount quoted and nothing more. If the dispute favors the practice, you must pay the new total bill, including the higher charges for services rendered.

To learn more and get a form to start the process, go to:

www.cms.gov/nosurprises or call CMS at 1-800-985-3059.

For questions or more information about your right to a Good Faith Estimate or the dispute process, visit www.cms.gov/nosurprises or call CMS at 1-800-985-3059.