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YOUR RIGHT TO RECEIVE A GOOD FAITH ESTIMATE OF EXPECTED CHARGES

Under the No Surprises Act, if you don't have insurance, or you're not using your insurance to pay for services here, you have the right to receive a Good Faith Estimate (GFE) of what your care is expected to cost, before you receive it.

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 therapy or assessment sessions, and any items or services you're reasonably expected to receive as part of your care with us.

- If you schedule an item or service at least 3 business days in advance, we will provide your GFE within 1 business day of scheduling.
- If you schedule at least 10 business days in advance, we will provide your GFE within 3 business days of scheduling.
- If you request a GFE without scheduling, we will provide it within 3 business days of your request.

Your GFE will show the expected charges for the services we anticipate providing, including the applicable service codes, our provider information, and a statement that the estimate is not a contract and does not obligate you to receive the services listed.

Make sure your Good Faith Estimate shows all your expected charges from any provider or facility connected to your care. If you receive care from more than one provider, or more than one facility, for the same overall episode of care, you have the right to a GFE that reflects the complete expected cost, not just our portion.

If you receive a bill that is at least $400 more than your Good Faith Estimate, you can dispute the bill. You have 120 calendar days from the date of your initial bill to start a dispute with the U.S. Department of Health and Human Services' Patient-Provider Dispute Resolution process. There is a $25 fee to use this process, refunded to you if the dispute resolution entity agrees with your original Good Faith Estimate. To learn more and get a form to start the process, visit www.cms.gov/nosurprises or call 1-800-985-3059.

Keep a copy of your Good Faith Estimate. For questions or to request a GFE, contact us at admin@suncounselingandwellness.com or 704-412-8830.

You can also review a sample of what a completed estimate looks like: Good Faith Estimate for Website (PDF)

YOUR RIGHTS AND PROTECTIONS AGAINST SURPRISE MEDICAL BILLS

(OMB Control Number: 0938-1401)

When you get emergency care or get treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from surprise billing or balance billing.

What is "balance billing" (sometimes called "surprise billing")? When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, such as a copayment, coinsurance, and/or a deductible. You may have other costs or have to pay the entire bill if you see a provider or visit a health care facility that isn't in your health plan's network. "Out-of-network" describes providers and facilities that haven't signed a contract with your health plan. Out-of-network providers may be permitted to bill you for the difference between what your plan agreed to pay and the full amount charged for a service. This is called "balance billing." This amount is likely more than in-network costs for the same service and might not count toward your annual out-of-pocket limit.

"Surprise billing" is an unexpected balance bill. This can happen when you can't control who is involved in your care, like when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider.

You are protected from balance billing for:

Emergency services. If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, the most the provider or facility may bill you is your plan's in-network cost-sharing amount (such as copayments and coinsurance). You can't be balance billed for these emergency services. This includes services you may get after you're in stable condition, unless you give written consent and give up your protections not to be balance billed for these post-stabilization services.

Certain services at an in-network hospital or ambulatory surgical center. When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers may bill you is your plan's in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers can't balance bill you and may not ask you to give up your protections not to be balance billed. If you get other services at these in-network facilities, out-of-network providers can't balance bill you unless you give written consent and give up your protections.

You're never required to give up your protection from balance billing. You also aren't required to get care out-of-network. You can choose a provider or facility in your plan's network.

When balance billing isn't allowed, you also have the following protections:

You are only responsible for paying your share of the cost (like the copayments, coinsurance, and deductibles that you would pay if the provider or facility was in-network). Your health plan will pay out-of-network providers and facilities directly.

Your health plan generally must:

- Cover emergency services without requiring you to get approval for services in advance (prior authorization).
- Cover emergency services by out-of-network providers.
- Base what you owe the provider or facility (cost-sharing) on what it would pay an in-network provider or facility and show that amount in your explanation of benefits.
- Count any amount you pay for emergency services or out-of-network services toward your deductible and out-of-pocket limit.

If you believe you've been wrongly billed, you may contact the North Carolina Board for Licensed Clinical Mental Health Counselors at 844-622-3572 or LCMHCinfo@ncblcmhc.org.

Visit https://www.cms.gov/files/document/model-disclosure-notice-patient-protections-against-surprisebilling-providers-facilities-health.pdf for more information about your rights under Federal law.