

Good Faith Estimate

If you don't have health insurance or you plan to pay for health care bills yourself, generally, health care providers and facilities must give you an estimate of expected charges when you schedule an appointment for a health care item or service, or if you ask for an estimate. This is called a "good faith estimate."

A good faith estimate isn't a bill

The good faith estimate shows the list of expected charges for items or services from your provider or facility. Because the good faith estimate is based on information known at the time your provider or facility creates the estimate, it won't include any unknown or unexpected costs that may be added during your treatment. Generally, the good faith estimate must include expected charges for:

- The primary item or service
- Any other items or services you're reasonably expected to get as part of the primary item or service for that period of care.

The estimate might not include every item or service you get from another provider or facility, even if some items or services may seem connected to the same service. For example, if you're getting surgery, the good faith estimate could include the cost of the surgery, anesthesia, any lab services, or tests.

In some cases, items or services related to the surgery that are scheduled separately, like certain pre-surgery appointments or physical therapy in the weeks after the surgery, might not be included in the good faith estimate. You'll get a separate good faith estimate when you schedule those items or services with the provider or facility, or if you ask for it.

Your right to a good faith estimate

Providers and facilities must give you the good faith estimate:

- After you schedule a health care item or service. If you schedule an item or service at least 3 business days before the date you'll get the item or service, the provider must give you a good faith estimate no later than 1 business day after scheduling. If you schedule the item or service OR ask for cost information about it at least 10 business days before the date you get the item or service, the provider or facility must give you a good faith estimate no later than 3 business days after you schedule or ask for the estimate.
- That includes a list of each item or service (with the provider or facility), and specific details, like the health care service code.
- In a way that's accessible to you, like in large print, Braille, audio files, or other forms of communication.

Providers and facilities must also explain the good faith estimate to you over the phone or in person if you ask, then follow up with a written (paper or electronic) estimate, per your preferred form of communication.

Keep the estimate in a safe place so you can compare it to any bills you get later. After you get a bill for the items or services, if the billed amount is \$400 or more above the good faith estimate, you may be eligible to dispute the bill.

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

- **Department of Health and Human Services:** www.cms.gov/nosurprises or **877-696-6775**
- **Texas:** <https://www.tdi.texas.gov/medical-billing/surprise-balance-billing.html> or **800-252-3439**

Your Rights and Protections Against Surprise Medical Bills

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 also called “surprise billing”)?

When you see a doctor or other healthcare provider, you may owe certain out-of-pocket costs, such as a copayment, coinsurance, or a deductible. You may have other costs, or you may have to pay the entire bill if you see a provider or visit a healthcare facility that is not in your health plan’s network.

“Out-Of-Network” describes providers and facilities that have not entered a contract to participate as a provider with your health plan. Out-Of-Network providers may be permitted to bill you for the difference between what your plan agrees to pay and the full amount charged for a service. This is called “balance billing.” The balance billed 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 and can happen when you cannot 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.

Federal and state laws protect you from balance billing in the following circumstances:

- **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). The provider cannot balance bill you for these emergency services. This includes services you may get after you are in stable condition, unless you give written consent and give up your protections against balance billing of the post-stabilization services.
- **Certain services at an In-Network hospital or ambulatory surgical center (ASC):** When you receive services from an In-Network hospital or ASC, certain providers that work in the hospital or ASC may be Out-Of-Network. If that happens and you cannot choose a different provider for needed services in the hospital or ASC, the most those providers may bill you is your plan’s In-Network cost-sharing amount. This applies to services such as emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers cannot balance bill you and cannot ask you to give up your protections against balance billing.
 - For other services at an In-Network facility, Out-Of-Network providers—such as INOV8 Orthopedics, who can independently choose in consultation with your physician—cannot balance bill you, unless you give us written consent to do so by waiving your protections.

Please know that you are never required to give up your protections against surprise billing. You are also never required to receive care Out-Of-Network. You are free to choose a provider or facility in your plan’s network.

If an In-Network provider is not available, your health plan may work out an agreement with the Out-Of-Network provider, such as INOV8 Orthopedics.

In instances when balance billing is not 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.

INOV8 Orthopedics will always work with you to make sure you receive bills that are accurate and correct in line with your choice to seek care with us.

If you have questions about your INOV8 Orthopedics bill, please contact us at 346.571.7500.

If you believe your bill is incorrect or that we did not advise or work with you in a professional and courteous manner, you may contact the federal No Surprises Help Desk at 1-800-985-3059 or the Texas Department of Insurance Consumer Help Line at 1-800-252-3439.

For more information about your rights under federal law, please visit:

- <https://www.dol.gov/agencies/ebsa/laws-and-regulations/laws/no-surprise-act> or
- <https://www.cms.gov/nosurprises>

For more information about your rights under Texas law, please visit:

- <https://www.opic.texas.gov/health-insurance/balance-billing/>
- <https://www.opic.texas.gov/health-insurance/get-help/file-a-complaint/>