



## Good Faith Estimate

For Services Rendered at an AltaMed location, you will receive a Good Faith Estimate. Based on your information provided to AltaMed Health Services, you will be provided with an estimate. This is not a bill, this is only an estimate of what your services may cost. If you are a sliding fee scale patient a detailed conversation regarding charges will take place at the clinic.

If you have questions or need assistance reviewing financial counseling options, setting up a payment plan, or making a payment, please contact a customer service representative at **(888) 499-9303**.

## Disclaimer

This Good Faith Estimate shows the costs of items and services that are reasonably expected for your health care needs for an item or service. The estimate is based on information known at the time the estimate was created.

The Good Faith Estimate does not include any unknown or unexpected costs that may arise during treatment. You could be charged more if complications or special circumstances occur. If this happens, federal law allows you to dispute (appeal) the bill.

If you are insured, please call **(888) 499-9303** to update your insurance prior to your visit.

## If you are billed for more than this Good Faith Estimate, you have the right to dispute the bill.

You may contact the health care provider or facility listed to let them know the billed charges are higher than the Good Faith Estimate. You can ask them to update the bill to match the Good Faith Estimate, ask to negotiate the bill, or ask if there is financial assistance available.

You may also start a dispute resolution process with the U.S. Department of Health and Human Services (HHS). If you choose to use the dispute resolution process, you must start the dispute process within 120 calendar days (about 4 months) of the date on the original bill.

There is a \$25 fee to use the dispute process. If the agency reviewing your dispute agrees with you, you will have to pay the price on this Good Faith Estimate. If the agency disagrees with you and agrees with the health care provider or facility, you will have to pay the higher amount.

To learn more about your right to a Good Faith Estimate or to get a form to start the process, go to [www.cms.gov/nosurprises](http://www.cms.gov/nosurprises) or call **(877) 696-6775**.