



## **No Surprises Act**

Effective January 1, 2022, the No Surprises Act, which Congress passed as part of the Consolidated Appropriations Act of 2021, is designed to protect patients from surprise bills for emergency services at out-of-network facilities or for out-of-network providers at in-network facilities, holding them liable only for in-network cost-sharing amounts. The No Surprises Act also enables uninsured patients to receive a good faith estimate of the cost of care. An individual in services at GCC who is not enrolled in a group health plan or group or individual health insurance coverage, or a Federal health care program, or a Federal Employees Health Benefits (FEHB) program health benefits plan (uninsured individuals) or not seeking to file a claim with their group health plan, health insurance coverage, or FEHB health benefits plan (self-pay individuals) may request and receive a good faith estimate in writing (and may also receive it orally, if an uninsured (or self-pay) individual requests a good faith estimate in a method other than paper or electronically).

### **Your Rights to receive a Good Faith Estimate**

You have the right to receive a “Good Faith Estimate” explaining how much your care at GCC will cost.

Under the law, GCC needs to give individuals in service who don’t have insurance or who are not using insurance an estimate of the bill for medical items and services.

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 testing, prescription drugs, equipment and other related fees.

For recurring primary items or services, GCC may use a single good faith estimate which does not exceed a 12 month timeframe and includes the expected scope of the recurring primary items and services (such as timeframes, frequency, and total number of recurring items or services). If additional recurrences of furnishing such items or services are expected beyond 12 months GCC must provide an uninsured (or self pay) individual with a new good faith estimate and communicate such changes (such as time frames, frequency and total number or recurring items or services) upon delivery of the new good faith estimate to help individuals in services understand what has changed between the initial good faith estimate and the new good faith estimate.

You may receive a good faith estimate upon request from an Eligibility Advisor. One will be provided to you at the time of your financial assessment. Based on your monthly ability to pay (MAP), your maximum out of pocket will be the maximum monthly fee (MMF) amount calculated on your most recent financial assessment. If you have an outstanding balance for prior services, this is not included in your Good Faith Estimate.

Make sure your healthcare provider gives you a Good Faith Estimate in writing at least one business day before your medical service or item. You can also ask your healthcare provider, and any other provider you choose, for a Good Faith Estimate before you schedule an item or service.

For questions or more information about your right to a Good Faith Estimate, visit [cms.gov/nosurprises](https://www.cms.gov/nosurprises) or call 1800-985-3059.