**No Surprises Act**

**Right to Receive Good Faith Estimate**

**You have the right to receive a “Good Faith Estimate: explaining how much your medical care will cost.**

Under the law, health care providers need to give **patients 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 medical tests, prescription drugs, equipment, and hospital fees.
* Make sure your health care provider gives you a Good Faith Estimate in writing at least 1 business day before your medical service or item.  You can also ask your health care provider, and any other provider you choose, for a Good Faith Estimate before you schedule an item or service.
* If you received a bill that is at least $400 more than your Good Faith Estimate, you can dispute the bill.
* Make sure to save a copy or a picture of your Good Faith Estimate

For questions or more information about your right to a Good Faith Estimate, visit [www.cms.gov/nosurprises](https://www.cms.gov/nosurprises) or call **1-800-985-3059**.

**Protection Against Balance Billing**

Learn more about patient rights in your region. Download the disclosure notice (PDF) for your state below:

[**Pennsylvania (PDF)**](https://cdn.upmc.com/-/media/upmc/patients-visitors/paying-bill/documents/pa-disclosure-notice-regarding-patient-protections-against-surprise-billing.pdf?la=en&rev=2d59a7cf81ee43e487d41a49f71d35da&hash=D81D51902029596ACFDFEE2169872A0E)