

BlueSky Wellness, LLC

326 W Main St, Ste 205, Milford, CT 06460

Office: 203-296-3002 / **Fax:** 203-303-9028

WWW.BSW-CT.COM

YOUR RIGHT TO A GOOD FAITH ESTIMATE

Under Section 2799B-6 of the Public Health Service Act, healthcare providers and healthcare facilities are required to inform individuals who are not enrolled in a plan or coverage or a Federal health care program, or not seeking to file a claim with their plan or coverage, both orally and in writing of their right to receive a “**Good Faith Estimate**” (GFE) of expected charges.

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.

Key Provisions of Your Right:

- **Timeline:** BlueSky Wellness, LLC will ensure you receive a Good Faith Estimate in writing at least 1 business day before your medical service or item. You can also ask any administrative representative, or your network provider, for a Good Faith Estimate before you schedule an item or service.
- **Dispute Resolution:** If you receive a bill that is at least \$400 more than your Good Faith Estimate, you can dispute the bill.
- **Record Keeping:** Make sure to save a copy or picture of your Good Faith Estimate.

Note on Clinical Services: The Good Faith Estimate is an estimate of the expected charges for services and items that are reasonably expected for your health care needs at the time of the estimate. The estimate is based on information known at the time the estimate was created. It does not include any unknown or unexpected costs that may arise during treatment. You may be charged more if complications or exceptional circumstances occur.

For questions or more information about your right to a Good Faith Estimate, visit www.cms.gov/nosurprises or call the No Surprises Help Desk at **1-800-985-3059**.