

Patient Estimates

If you are an uninsured or a self-pay patient, you have the right under the No Surprises Act to a good faith estimate of expected charges explaining the cost of expected services prior to your appointment. You may request this information by calling **978-489-7075**.

- You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency healthcare services.
- You can ask your health care provider, and any other provider you choose, for a Good Faith Estimate before you schedule a service, or at any time during treatment.
- If you receive a bill that is at least \$400 more than the estimate for expected charges, you can dispute the bill by going to www.cms.gov/nosurprises/consumers or call 1-800-985-3059.

The information provided in your estimate is only an estimate, and actual out-of-pocket patient costs may differ from the estimated amount. This estimate is based on items or services reasonably expected to be provided to you at during your appointment based on the information known when your appointment is scheduled. Actual items or services that you receive may differ based on unforeseeable circumstances such as complications, comorbidities, diagnosis changes, or new concerns or requests that you request during your visit. There may be additional items or services recommended as part of your course of care that must be scheduled or requested separately and are not included in this estimate.

This estimate is not a contract, and you are not required to obtain the items or services from these specific providers or facilities. For any other questions, contact us at 978-489-7075.