



# Wellness Center



1003 N. Main St.  
Harrison, AR 72601



Office: 870.204.6016  
Fax: 1.870.782.2914



<https://www.seeddiggingwellnesscenter.com/>



[info@seeddigging.com](mailto:info@seeddigging.com)

## GOOD FAITH ESTIMATE NOTICE

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 expected charges for medical services.
- Any patient may request an estimate of the expected charges for non-emergency health care services that have been ordered, scheduled, or referred and state law requires that health care providers and facilities provide you with an estimate of the expected bill for medical items and services within 5 business days of the request.
- You can ask your health care provider, and any other provider you choose, for a Good Faith Estimate before you schedule a service. Federal law requires that health care providers and facilities provide you with an estimate of the expected charges for medical items and services at least 1 business day before the scheduled services are to be performed.
- If you receive a bill that is at least \$400 more than your Good Faith Estimate, you can dispute the bill.
- If you request an estimate and the actual charge for the health care services exceeds your Good Faith Estimate, we will provide a written explanation as to why the charges exceed the estimate.
- Make sure to save a copy or picture of your Good Faith Estimate. **(Your Good Faith Estimate will also be available in your client portal.)**

For questions or more information about your right to a Good Faith Estimate, visit [www.cms.gov/nosurprises](http://www.cms.gov/nosurprises) or call 870-204-6016.