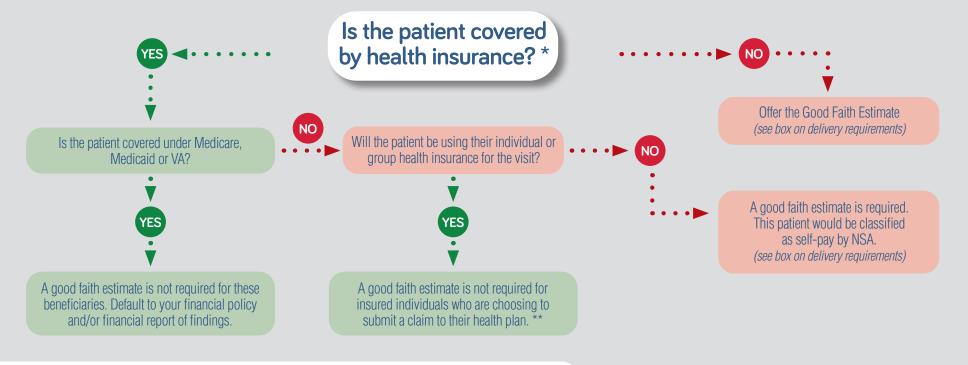
Good Faith Estimate (GFE)

These questions should be asked to new patients and to established patients (if a GFE is not currently on file).



GFE Delivery Requirements

If appointment is made:

10 business days in advance, the GFE must be provided within three business days 3-9 business days in advance, the GFE must be provided within one business day less than 3 days in advance you ARE NOT required to provide a GFE in writing. Notify orally upon scheduling (provide estimate of initial evaluation).

NOTE: If the patient requests a GFE on their own, while at the clinic or just shopping for care, then you need to provide one within three days of date of request. Keep all copies of GFEs as part of the medical record and provide a hard copy or electronic to the patient or prospective patient.

- * The federal NSA law applies to individual, small group, and large group fully insured markets and self-insured group plans including grandfathered plans and transitional relief plans. Coverage offered through an Exchange, federal employees through the Federal Employees Health Benefits Program and self-funded plant are also covered by the surprise billing law.
- **HHS has not issued rulemaking related to GFEs for insured individuals who seek to have a claim submitted to their plan. At this time, this is not required.

For a more detailed process, please see the *Front Desk Decision Making Matrix*.