GOOD FAITH ESTIMATE
DISCLAIMER

This Good Faith Estimate shows the costs of items and services that are reasonably expected for your health care needs for an item or service. The estimate is based on information known at the time it was created. This Estimate is not a contract, and you are not obligated to receive the care described in it.

If you receive a bill from our practice or surgery center that is $400 or more than your Good Faith Estimate for the service or items furnished, federal law allows you to dispute your bill. You may ask us to update your bill to match the Good Faith Estimate; ask us to negotiate the bill amount; or ask us if financial assistance is available. If you need to dispute your bill, please contact our Patient Advocacy team:

DYLAN FERRELL   954-735-3535 X 337   DFERRELL@TOC.MD

You may also start a dispute resolution process with the U.S. Department of Health and Human Services (HHS). If you choose to use the dispute resolution process, you must start the dispute process within 120 calendar days (about 4 months) of the date on the original bill.

There is a $25 fee to use the HHS dispute process. If the Selected Dispute Resolution (SDR) entity reviewing your dispute agrees with you, you will have to pay the price on this Good Faith Estimate. If the SDR entity agrees that the bill you received is correct, you will be required to pay the amount.

For questions or more information about your right to a Good Faith Estimate or the dispute process, visit: www.cms.gov/nosurprises/consumers
Email: federalPPDRQuestions@cms.hhs.gov or call 1-800-985-3059

Keep a copy of this Good Faith Estimate in a safe place or take pictures of it. You will need it to file a dispute in the future.

PRIVACY ACT STATEMENT: CMS is authorized to collect the information on this form and any supporting documentation under section 2799B-7 of the Public Health Service Act, as added by section 112 of the No Surprises Act, title I of Division BB of the Consolidated Appropriations Act, 2021 (Pub. L. 116-260). We need the information on the form to process your request to initiate a payment dispute, verify the eligibility of your dispute for the PPDR process, and to determine whether any conflict of interest exists with the independent dispute resolution entity selected to decide your dispute. The information may also be used to: (1) support a decision on your dispute; (2) support the ongoing operation and oversight of the PPDR program; (3) evaluate selected IDR entity’s compliance with program rules. Providing the requested information is voluntary. But failing to provide it may delay or prevent processing of your dispute, or it could cause your dispute to be decided in favor of the provider or facility.