

Good Faith Estimate Notice



You have the right to receive a “Good Faith Estimate” explaining how much your medical care may cost.

Under Section 2799B-6 of the Public Health Service Act (also known as the No Surprises Act) DaVita will give patients who do not have insurance or who are not using insurance (ie: self-pay patients) an estimate of the bill for treatment services.

- You have the right to receive a Good Faith Estimate for the total expected cost of your dialysis treatment. This includes dialysis related costs like laboratory tests, prescription drugs, equipment, and associated fees.
- You have the right to receive a Good Faith Estimate after you schedule your dialysis treatment.
- You can also ask DaVita for a Good Faith Estimate before you schedule an item or service.
- If you receive a bill that is at least \$400 more than your Good Faith Estimate, you can dispute the bill.
- Make sure to save a copy or picture of your Good Faith Estimate.

For questions or more information about your right to a Good Faith Estimate, visit www.cms.gov/nosurprises or call DaVita’s Patient Resources team at **1-866-580-6470**.