

Your Right to a Good Faith Estimate

Effective August 3, 2026

You have the right to receive a Good Faith Estimate explaining how much your care will cost.

Under the federal No Surprises Act, health care providers must give patients who do not have insurance, or who are not using insurance for a service, an estimate of the expected charges for medical items and services.

WHO THIS APPLIES TO

You are entitled to a Good Faith Estimate if you are uninsured, or if you have insurance but choose not to use it for a particular service. You do not have to be an established patient to ask for one.

WHEN WE WILL GIVE YOU ONE

We provide a written Good Faith Estimate for the total expected cost of any non-emergency item or service:

- within 1 business day of scheduling, if your visit is at least 3 business days away;
- within 3 business days of scheduling, if your visit is at least 10 business days away; and
- within 3 business days of your request, at any time.

A question or a discussion about the cost of a service counts as a request. You do not have to use the words "Good Faith Estimate" to be entitled to one.

IF YOUR BILL IS HIGHER THAN YOUR ESTIMATE

If you receive a bill that is at least \$400 more than your Good Faith Estimate for any provider listed on it, you may dispute the bill through the federal patient-provider dispute resolution process. There is a fee to start the process, and you generally must begin within 120 calendar days of the date on your bill.

Starting a dispute will not affect the care you receive here, and we will not retaliate against you in any way for raising a question about a bill.

KEEP YOUR ESTIMATE

Save a copy or a photo of your Good Faith Estimate. You will need it if you later want to compare it against your bill or start a dispute. We keep a copy in your record and will give you another on request, free of charge.

SELF-PAY RATES

Self-pay patients are seen at transparent, published rates, with a courtesy discount when payment is made in full at the time of service. Call us and we will walk through the fee schedule before you commit to anything.

QUESTIONS

Call (208) 247-4279 or email info@haytonprimarycare.com and ask for a Good Faith Estimate, or ask any member of our team. For more information about your rights under the No Surprises Act, visit cms.gov/nosurprises or call 1-800-985-3059.

This notice is available in alternate formats and in other languages, free of charge, on request. Language assistance services and appropriate auxiliary aids and services are available at no cost to you.

CONTACT INFORMATION

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