



No Surprise Rule Notice

Under the *No Surprise Rule*, health care providers need to give patients who do not have insurance (uninsured), want a service that their insurance does not cover, or who are choosing to not use their insurance* (self-pay) an estimate of the bill for medical items and services.

You have the right to receive a *Good Faith Estimate* explaining how much your medical care will cost if you are “uninsured” or “self-pay.”

You have the right to receive a *Good Faith Estimate* for the total expected cost of any non-emergency items or services. This includes related costs like medical tests, prescription drugs, equipment, and hospital fees.

Make sure your health care provider gives you a *Good Faith Estimate* in writing *at least* 1 business day before your medical service or item. You can also ask your health care provider, and any other provider you choose, 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 a picture of your Good Faith Estimate.

For questions or more information about your right to a Good Faith Estimate, visit <https://www.cms.gov/medical-bill-rights> or call Integrity Rehab Patient Relations Manager and Accounts Payable at 254-699-3933 extension 110.

* Does not include Federal insurance beneficiaries (Medicare, Medicare Advantage, Medicaid, TRICARE, VA)

Español: <https://www.cms.gov/derechos-facturas-medicas>

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Get help in Español, Français, عربي, русский, नेपाली, and 350 other languages: 1-800-985-3059

References:

[CMS Good Faith Estimate](#)

[CMS Good Faith Estimate Fact Sheet](#)

[CMS: Que es una estimacion de buena fe?](#)