

NOTICE

“No Surprises Act”

Dear Current and Potential Future Clients,

Congress enacted the “No Surprises Act” which went into effect on 1/1/2022. The act is intended to help protect people from surprise medical bills, and removing consumers from payment disputes between a provider and their health plan. For more information, please visit the CMS website at <https://www.cms.gov/nosurprises>.

It is highly unlikely this could affect our work together. There will be no situation in which you would inadvertently receive care from me or with no choice. We discuss costs of services prior to our work together and often throughout our work together. Also, the final rules about how to implement this in a practice such as mine have not even been written yet by the federal government. I am “out of network” for all but one insurance company, Blue Cross Blue Shield, and I also accept private pay, or “out of pocket.” According to available information, this law is meant to protect those who are not using insurance benefits to pay for services, and are “out of network” or “out of pocket” clients.

If we currently work together, you are already aware of my charges and your costs. If you are considering working with me, available information suggests that this law impacts different health care organizations differently, especially those in private practice. At this time, multiple professional organizations are working to understand the details of this law, to whom it applies, and how to apply it.

Rest assured that I will be as transparent with you about the costs of the services we agree on together. There will be “no surprises” for the costs of services I provide. This transparency is required by ethical standards by which I have abided for as long as I have been in practice, and simply because it is necessary for us to work well together.

In the meantime, you may certainly ask me about any costs about which you may be unsure, and you will be provided clear information. Please see the following page for general information for your review.

Please feel free to contact me if you have any related questions. Thank you.

Warmly,

Dr. McCloy

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

Under the law, health care providers need to give **patients who don’t have insurance or who are not using insurance** an estimate of the bill for medical items and services.

- 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 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 (800) 368-1019 or (800) 985-3059.