

Chippewa Valley Eye Clinic, CF, SC
2525 County Highway I
Chippewa Falls, WI 54729
715-723-9375

GOOD FAITH ESTIMATE
UNINSURED AND SELF-PAY PATIENTS

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

Under the law, healthcare 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 before those items or services are provided.

- You have the right to receive a good faith estimate for the total expected cost of any non-emergency items or services. The good faith estimate will include the **expected** charges of the item or service, such as; the cost of the non-emergent clinic visit, plus any tests, procedures, and supplies. Of course unexpected unknown charges would not be listed on this good faith estimate.
- Ask your healthcare provider for a good faith estimate in writing before your medical services. If you schedule a healthcare item or service at least 3 business days in advance, make sure your healthcare provider or facility gives you a good faith estimate. You can also ask any healthcare provider or facility for a good faith estimate before you schedule an item or service.
- If you receive a bill that is substantially more than your good faith estimate (at least \$400.00 or more), you can dispute the bill. This must be done within 120 calendar days of receiving 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 [cms.gov/medical-bill-rights](https://www.cms.gov/medical-bill-rights), email FederalPPDRQuestions@cms.hhs.gov or call 1-800-985-3059

****Please note, for materials (i.e. eyeglass frames, lenses, contact lenses) ordered by Chippewa Optical, you will be given a verbal quote at the time of ordering. You may request a written quote before ordering. At the time of ordering the total amount of charges will be collected before we can start the lab order. ****