MID FLORIDA DERMATOLOGY & PLASTIC SURGERY

Right to Receive a Good Faith Estimate of Expected Charges

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. 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 any provider you choose for a Good Faith Estimate before you schedule. If you receive a bill that is at least $400 more than your Good Faith Estimate, you can dispute the bill. Save a copy or picture of your Good Faith Estimate. For questions or more information, visit www.cms.gov/nosurprises or call 407-299-7333.

Consumer Assistance Notice

If you have a concern or complaint about your HMO, you may contact the **Agency for Health Care Administration**, 2727 Mahan Drive, Tallahassee, FL 32308, toll free 1-888-419-3456; or the **Florida Department of Financial Services, Division of Consumer Services**, 200 East Gaines Street, Tallahassee, FL 32399-0322, toll free 1-877-693-5236. The address and toll-free telephone number of your HMO’s grievance department will be provided upon request.