

RIVERFRONT NUTRITION ASSOCIATES, LLC

Debra Grossano, MS, RD, CDE

“Good Faith Estimate”

In compliance with the No Surprises Act that went into effect January 1, 2022, all healthcare providers are required to notify clients of their federal rights and protections against “surprise billing.”

This Act requires that we notify you of your federally protected rights to receive a notification when services are rendered by an out-of-network provider, if a client is uninsured, or if a client elects not to use their insurance.

Additionally, we are required to provide you with a Good Faith Estimate of the cost of services if you request it. It is difficult to determine the true length of treatment for medical nutrition therapy, and each client has a right to decide how long they would like to participate in nutrition care. I will collaborate with you on a regular basis to determine how many sessions you may need.

If you would like to receive a "Good Faith Estimate" outlining your expected costs for treatment, please notify your clinician and practice owner Debra Grossano, MS, RD, CDE directly at (201) 880-9400. If you ask for and receive a Good Faith Estimate, please keep it in a safe place or take pictures of it. You may need it if you are billed a higher amount.

A Good Faith Estimate shows the costs of items and services that are reasonably expected for your health care needs for an item or service. The estimate is based on information known at the time the estimate was created.

The Good Faith Estimate does not include any unknown or unexpected costs that may arise during treatment. You could be charged more if complications or special circumstances occur. If this happens, federal law allows you to dispute (appeal) the bill.

If you are billed at least \$400 more than the Good Faith Estimate, you have the right to dispute the bill. You may contact the health care provider or facility listed to let them know the billed charges are higher than the Good Faith Estimate. You can ask them to update the bill to match the Good Faith Estimate, ask to negotiate the bill, or ask if there is financial assistance available.

You may also start a dispute resolution process with the U.S. Department of Health and Human Services (HHS). If you choose to use the dispute resolution process, you must start the dispute process within 120 calendar days (about 4 months) of the date on the original bill. There is a \$25 fee to use the dispute process. If the agency reviewing your dispute agrees with you, you will have to pay the price on this Good Faith Estimate. If the agency disagrees with you and agrees with the health care provider or facility, you will have to pay the higher amount.

To learn more and get a form to start the process, go to www.cms.gov/nosurprises or call HHS at (800) 368-1019.

For questions or more information about your right to a Good Faith Estimate or the dispute process, visit www.cms.gov/nosurprises or call (800) 368-1019.