



**GRANDE RONDE  
HOSPITAL AND CLINICS**

# Good Faith Estimates

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

Under the law, we are required to provide **patients who don’t have insurance or who are not using insurance** a cost 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.

For any scheduled service, scheduled at least three business days out, we will provide you with a good faith estimate. You may also call our Service Estimate line, to request a Good Faith Estimate, before scheduling a service.

If you receive a bill that is at least \$400 more than your Good Faith Estimate, you may dispute the bill by contacting us to let us know the billed charges are higher than the Good Faith Estimate we provided to you. You may ask us to update the bill to match the Good Faith Estimate, ask to negotiate the bill, or ask if there is financial assistance available.

Make sure to save a copy or picture of your Good Faith Estimates in a safe place.

## **For questions or more information:**

Contact the Grande Ronde Hospital and Clinics Service Estimate Line at 541-963-2845.

For questions or more information about your right to a Good Faith Estimate visit:

[www.cms.gov/nosurprises](http://www.cms.gov/nosurprises) or call 1-800-985-3059