



## **If you don't have insurance (Self Pay)**

**or are not using your insurance (Right to Restrict form completed)**, you have the right to an estimate of the total expected cost of any non-emergency medical items and services.

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

### **When can I get a Good Faith Estimate?**

- At least 1 business day before your medical service or item.
- You can also ask your health care providers for a Good Faith Estimate before you schedule an item or service.

### **What if my final total is higher than the Good Faith Estimate?**

If you receive a bill that is at least \$400 more than your Good Faith Estimate, you can dispute the bill.

### **To request a Good Faith Estimate**

Call MRI Group Billing office at 717-291-1016, option 4.

### **For questions or more information about your right to a Good Faith Estimate**

Visit [cms.gov/NoSurprises](https://cms.gov/NoSurprises) or call 1-800-985-3059 for more information about your rights under federal law.