**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. This includes related costs like medical test, prescription drugs, equipment, and hospital fees.
* For services scheduled three or more days in advance, you are entitled to a Good Faith Estimate via email or mail. You can also ask your health care provider, and any other provider you choose, for a Good Faith Estimate before you schedule an item or service.
* If you receive a bill that is a least $400 more than your Good Faith Estimate, you can dispute 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 [www.cms.gov/nosurprises](http://www.cms.gov/nosurprises) or call 1-877-696-6775.

The name of the state law is Out-of-Network Emergency Medical Care Act. For questions or more information, please contact Nebraska Department of Insurance DOI.ExternalReview@nebraska.gov.