

The Hive Network LLC

Doing Business As: Hive Therapy and Wellness
Licensed Physical Therapy Clinic
4181 31st Ave NW, Rochester, MN 55901
1629 N Broadway Ave, Rochester, MN 55906
1120 Wayzata Blvd STE 110, Wayzata, MN 55391
507-200-0229 | hivetherapyandwellness.com

(OMB Control Number: 0938 - 1433)

Expiration: June 7th, 2027

Patient Rights and Protections Against Surprise Medical Bills

With the [No Surprises Act](#), patients who do not have or choose not to use insurance for their services (self-pay) have the right to receive a **Good Faith Estimate (GFE)** in writing (either on paper or electronically). This GFE explains the total cost of non-emergency healthcare services reasonably expected for a non-insured individual to receive while under the care of a healthcare provider. All healthcare providers acting within their practice under this federal law are required to provide a GFE, including physical therapists.

A good faith estimate is exactly as the name implies: It is an estimated cost of the services you have yet to receive, to eliminate a surprise cost after the fact. In accordance with this act, uninsured individuals who receive a bill that is \$400 more than their Good Faith Estimate have the right to dispute the bill. If you request a GFE, please be sure to keep a copy.

If an appointment is made at least 3 days in advance of a service, a GFE should be provided no later than one day after the time of scheduling. If an appointment is made 10 or more days in advance, the GFE should be provided no later than three days after the time of scheduling.

Again, GFEs apply to uninsured individuals, or those who have insurance but do not plan to submit a claim (self-pay). They typically do not apply to individuals who do plan to use their insurance for payment, or who are insured by Medicare, Medicaid, or other federal healthcare programs.

Standard Notice

“Right to Receive a Good Faith Estimate of Expected Charges” **Under the No Surprises Act**

You have the right to receive a “Good Faith Estimate” explaining how much your medical care will cost. Under the law, healthcare 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.

Under the No Surprises Act, you have the following rights:

- 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.
- Make sure your healthcare provider gives you a Good Faith Estimate in writing at least 1 business day before your medical service or item. You can also ask your healthcare 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 at 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.