



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 tests, prescription drugs, equipment, and hospital fees.
- Make sure your health care 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 health care provider, and any other provider you choose, for a Good Faith Estimate before you schedule an item or service.
- Initial notice of the Good Faith Estimate may be given verbally if the health care provider can reach you by phone. The written copy of the Good Faith Estimate may be given to you electronically via your patient portal, secure email, or secure text attachment. If not sent electronically, a printed copy will be placed in the regular mail to the address you have provided. Efforts will also be made to provide you with another copy of the Good Faith Estimate upon arriving to register for the scheduled 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, please contact the Pinckneyville Community Hospital Financial Counselor at 618-357-5906 or the Family Medical Center at 618-357-2131. You may also visit www.cms.gov/nosurprises or call 1-800-985-3059.

F-BUS4016-A – Right to Receive a Good Faith Estimate Public Notice v01/01/2022

This notice is to be posted on www.pvillehosp.org in the Patient Information displays in the Pinckneyville Community Hospital and Family Medical Center registration/waiting room areas.

Limited English Proficiency Notification
As required to meet compliance with the No Surprises Act

ATTENTION: If you do not speak English and need this form translated, please ask a staff member to arrange for language interpretation. It is free of charge.

ATENCIÓN: Si no habla inglés y necesita traducir este formulario, pídale a un miembro del personal que coordine la interpretación del idioma. Es gratis.

UWAGA: Jeśli nie mówisz po angielsku i potrzebujesz przetłumaczyć ten formularz, poproś członka personelu o zorganizowanie tłumaczenia ustnego. To jest bezpłatne.

注意：如果您不会说英语并需要翻译此表格，请让工作人员安排语言翻译。这个是免费的。

주의: 영어를 할 수 없고 이 양식을 번역해야 하는 경우 직원에게 언어 통역을 요청하십시오.
무료입니다.

Pansin: Kung hindi ka nagsasalita ng Ingles at kailangan ang form na ito na isinalin, mangyaring hilingin sa isang kawani na mag-ayos para sa interpretasyon ng wika. Ito ay walang bayad.

مجاني إنه .للغة الفورية الترجمة بترتيب الموظفين أحد مطالبة فيرجى ، النموذج هذا ترجمة إلى وتحتاج الإنجليزية تتحدث لا كنت إذا :تنبية

ВНИМАНИЕ: Если вы не говорите по-английски и вам нужен перевод этой формы, попросите сотрудника организовать языковой перевод. Это бесплатно.

ધ્યાન આપો: જો તમે અંગ્રેજી નથી બોલતા અને આ ફોર્મના અનુવાદની જરૂર હોય, તો કૃપા કરીને સ્ટાફ સભ્યને ભાષાના અર્થઘટનની વ્યવસ્થા કરવા માટે કહો. તે નિ:શુલ્ક છે.

بندوبست کا تشریح کی زبان سے رکن کسی کے عملے کرم براہ تو ،بے درکار ترجمہ کا فارم اس اور بولتے نہیں انگریزی آپ اگر :توجہ
بے۔ مفت یہ کہیں۔ کو کرنے

LUU Ý: Nếu bạn không nói được tiếng Anh và cần dịch mẫu đơn này, vui lòng yêu cầu nhân viên sắp xếp thông dịch ngôn ngữ. Nó là miễn phí.

ATTENZIONE: Se non parli inglese e hai bisogno di tradurre questo modulo, chiedi a un membro dello staff di organizzare l'interpretazione linguistica. È gratuito.

ध्यान दें: यदि आप अंग्रेजी नहीं बोलते हैं और इस फॉर्म का अनुवाद करना चाहते हैं, तो कृपया किसी स्टाफ सदस्य से भाषा की व्याख्या की व्यवस्था करने के लिए कहें। यह बिना मूल्य के है।

ATTENTION : Si vous ne parlez pas anglais et que vous avez besoin de traduire ce formulaire, veuillez demander à un membre du personnel d'organiser l'interprétation linguistique. C'est gratuit.

ΠΡΟΣΟΧΗ: Εάν δεν μιλάτε αγγλικά και χρειάζεστε μετάφραση αυτού του εντύπου, ζητήστε από ένα μέλος του προσωπικού να κανονίσει τη διερμηνεία γλώσσας. Είναι δωρεάν.

ACHTUNG: Wenn Sie kein Englisch sprechen und dieses Formular übersetzt werden müssen, bitten Sie einen Mitarbeiter, für eine Sprachübersetzung zu sorgen. Es ist kostenlos.