Good Faith Estimate for Self-Pay and Uninsured Patients

Your Right to Receive a Good Faith Estimate

Under the No Surprises Act, patients who do not have insurance or who are not using insurance to pay for their healthcare services have the right to receive a **Good Faith Estimate** explaining the expected cost of their medical care.

What is a Good Faith Estimate?

A Good Faith Estimate provides an estimate of the expected charges for scheduled medical items and services, including related services that may be provided in connection with your procedure.

Who Can Request an Estimate?

You have the right to receive a Good Faith Estimate if you are:

- Uninsured, or
- Choosing not to use your health insurance to pay for your care.

You may request a Good Faith Estimate before scheduling a service or at any time prior to receiving care.

Your Rights

- If you schedule a service at least three business days in advance, you may request a written Good Faith Estimate.
- If you receive a bill that is at least **$400 more** than your Good Faith Estimate, you have the right to dispute the charges.
- Be sure to save a copy or picture of your Good Faith Estimate.

Contact Us

If you are uninsured or self-pay and would like to receive a Good Faith Estimate for services provided by **Genesis Surgery Center**, please contact us at:

Genesis Surgery Center
3400 East Jolly Road
Lansing, Mi 48910
Phone: 517-997-8199
Email: mkenyon@lansinggenesis.com

For more information about your right to a Good Faith Estimate, visit:
https://www.cms.gov/nosurprises