



Your right to receive a “Good Faith Estimate”

Under the law, health care providers are required 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 hospital charges medical tests, prescription drugs, equipment, and provider services.

Make sure your health care provider gives you a Good Faith Estimate in writing at least one (1) business day before your arrival. 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 via mail, electronically thru your patient portal, MyChart, or secure email. 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 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 of your Good Faith Estimate.

For questions or more information about your right to a Good Faith Estimate, please contact the Patient Estimate Department at Southern Illinois Hospital Services or SIH Medical Group teams at 1-888-457-0065 Monday – Friday 8:00 to 4:30.

You may also visit www.cms.gov/nosurprises or call 1-800-985-3059. The Illinois Department of Insurance at www.insurance.illinois.gov for more information about your rights, or call 1-877-527-.9431.

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This notice is to be posted on sih.net and in the Patient Information displays located at Southern Illinois Healthcare and SIH Medical Group registration and 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 이양식을 번역해야 하는 경우 직원에게 언어통역을 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.

مجلي لهل لغة الفوري اترجم قبتري بال موظين أحد مظيفى رجى ،الن نموذج نھ ترجم ة لى و توح تاج ال ج لى ق ت ت حدث ال لقت اذ انى ھ

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

यान आपो: जो तमे अं े नथी बोवता अने आ झोमना अनुवादनी जर डोय, तो कृपा करीने टाइ स यने

भाषाना अथघटननी यव था करवा माटे कडो. ते िनःशु क छे.

بقى دوس تكتنلش رى حكى زبان سے ركيكسى كے عمل كى كى براتو مے كوار ترجم كى كى ارم اس او بولتے عنى رى لگى زى آپ كى رى بوج مے - فہمتى كى كى كو كرن مے

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.

ान दः यिद आप अं ेजी नहीं बोलते ह और इस फॉर्म का अनुवाद करना चाहते ह, तो कृपया किसी ाफ सद से भाष की ा ा की व था करने के िलए कह। यह िबना मू 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.