



Good Faith Estimate Tool Kit

Use Rivet to comply with federal Good Faith Estimate requirements of the No Surprises Act.

Good Faith Estimates (GFEs) are only federally required for uninsured and self-pay individuals, but we recommend that you consult your state's legislation to determine whether GFEs are required for all patients in your area.

Facility Name & Address

**Provider name & NPI
Tax ID
Service Code(s)
Itemized Descriptions
Diagnosis Code(s)**

Patient Total Cost

Legal Disclaimer

ROOM FOR COMPANY LOGO

YOUR RETURN ADDRESS
WILL BE AUTOMATICALLY
PRINTED
IN THIS POSITION

RECIPIENT ADDRESS
WILL AUTOMATICALLY
BE PRINTED
IN THIS POSITION

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**Brighton
Family Health**

Patient Cost Estimate
This is not a bill. Actual cost may change.

PATIENT		Total Estimated Patient Cost		\$13,539.53
Patient ID	Jonah Springfield 815125135			
PRIMARY BENEFITS		PROVIDER	TAX ID	DATE OF SERVICE
Payer	Self-pay/Uninsured	Matich, Christopher (NPI 111111)	0000111111	06/21/2023
Plan	N/A	CODE	DESCRIPTION	COST
ID	N/A	22612	Surgery	\$1,628.57
		63047	Surgery	\$1,136.47
		22840	Surgery	\$774.49
		Total		\$3,539.53
		Primary Insurance		\$0.00
		Patient Total		\$13,539.53

Note
ICD-10: M43.20
Prepare the following for post surgery care:

- A sleeping area on the main level of your home to avoid stairs
- All food preparation materials within reach without much bending or twisting
- Obtain helpful durable medical equipment
- Establish a caregiver for immediate post-op care

I have read and reviewed this estimate and understand that actual cost may vary.

Patient Signature

Date

The information provided in this good faith estimate is only an estimate, and actual out-of-pocket patient liability may differ from the estimated amount. This estimate is based on items or services reasonably expected to be furnished at the time the estimate is issued. Actual items or services rendered may differ. There may be additional items or services recommended as part of the course of care that must be scheduled or requested separately, and are not included in this estimate. You have the right to initiate the patient provider dispute resolution process if the actual billed charges are substantially more (\$400 or more) than the expected charges included in this estimate. Initiation of this process will not adversely affect the quality of services you receive. To learn more and get a form to start the process, go to www.cms.gov/nosurprises/consumers or call 1-800-985-3059. This estimate is not a contract, and you are not required to obtain the items or services from these specific providers or facilities. For any other questions, contact us at (801) 555- 5555.

Click the underlined text to download each tool kit item.

Compliance Checklist

by Kim Stanger, J.D., partner, Holland & Hart

This itemized to-do list breaks down the federal requirements to quickly assess what you may still need to accomplish.

Right to Receive a Good Faith Estimate Notice

This notice needs to be posted on your website and around your office in the languages spoken by your patients. Here are printable English and Spanish notices to get started.

Good Faith Estimate Ebook

This ebook is a quick reference tool to keep on hand to ensure your team complies with the federal guidelines.

[Learn more about Rivet GFEs](#)