

## No Surprises Act FAQ

**Q:** If a cash patient pays on the day of service, they will not get a \$400+ bill, so do we have to give a GFE?

**A:** A GFE must be provided for non-covered services, (I have our clients have a GFE ready for the PRN patients to sign).

**Q:** Nutrition: That is ongoing (foundational nutrition) and paid at time of pick up so I assume no GFE is needed for nutrition.

**A:** A GFE is required for all items and services that are non-covered.

**Q:** We were told that a self-pay could get a discounted price if paid on the day of service. (I believe it is not more than 15%). We have the regular CPT code price then give them a discount. This way there are not dual fee schedules. How do we list the cost on a GFE?

**A:** You list the price the patient pays.

**Q:** Does a good faith estimate need to be presented to patients in our office who were involved in an auto accident and are using med pay from their auto insurance?

**A:** No - however, if the case gets subrogated to their health insurance, then you need to do a GFE if there are non-covered services - or if you become aware there will be any non-coverage of your services then you need to do a GFE then as well.

**Q:** Would we need a good faith estimate for patients who will be waiting on a settlement from a third party? Thinking ahead, if a settlement never happens and the patient would come back with "you never told me how much it would be" is a concern.

**A:** Correct 0 and that's why we recommend a GFE in those cases (see above response).