

## **NOTICE OF RIGHT TO RECEIVE A GOOD FAITH ESTIMATE**

### **For Patients Who Are Self-Pay or Not Using Insurance**

This notice is provided in accordance with the No Surprises Act (45 C.F.R. § 149.610).

#### **Your Right to a Good Faith Estimate**

You have the right to receive a “Good Faith Estimate” explaining how much your health care will cost.

Under the law, health care providers need to give patients who do not have insurance or who choose not to use insurance an estimate of the expected charges for health care items or services before those items or services are provided.

A Good Faith Estimate includes the total expected cost of non-emergency health care items or services reasonably expected to be provided by The Ease Project PLLC, including professional fees for telehealth physical therapy services.

#### **What This Means for You**

You have the right to receive a Good Faith Estimate for the total expected cost of any health care items or services upon request or when scheduling such items or services.

- If you schedule a health care item or service at least 3 business days in advance, your health care provider or facility must give you a Good Faith Estimate in writing no later than 1 business day after the date of scheduling.
- If you schedule a health care item or service at least 10 business days in advance, your health care provider or facility must give you a Good Faith Estimate in writing no later than 3 business days after the date of scheduling.
- You can also ask your health care provider or facility for a Good Faith Estimate before you schedule an item or service or at any time during your care. If you do, your health care provider or facility must give you a Good Faith Estimate in writing no later than 3 business days after you ask.

The Good Faith Estimate must be provided either on paper or electronically (such as through email or a patient portal), in the format you prefer.

#### **If Your Bill Is Higher Than Your Estimate**

If you receive a bill that is at least \$400 more for any provider or facility than your Good Faith Estimate from that provider or facility, you can dispute the bill through a patient-provider dispute resolution process.

*Effective Date: 1/2/2026*

You may initiate this process with the U.S. Department of Health and Human Services (HHS).

**Important Notes**

- A Good Faith Estimate is not a contract and does not require you to receive services.
- Actual charges may vary based on your clinical needs and the services provided.
- This notice applies only to non-emergency services.
- Keep a copy of your Good Faith Estimate to compare with any bills you receive later. You will need it if you wish to dispute the amount of the bill.
- A Good Faith Estimate may be provided on a per-visit basis or for a defined course of care, depending on the services requested.
- All services provided by The Ease Project PLLC are delivered via telehealth, and estimates reflect professional services provided remotely.

**Contact Information**

For questions, to request a Good Faith Estimate, or to discuss billing concerns, please contact:

The Ease Project PLLC

Email: [info@theeaseproject.com](mailto:info@theeaseproject.com) Phone: 401-484-7411

For more information about your right to a Good Faith Estimate or to start a dispute, visit [www.cms.gov/nosurprises/consumers](http://www.cms.gov/nosurprises/consumers), email [FederalPPDRQuestions@cms.hhs.gov](mailto:FederalPPDRQuestions@cms.hhs.gov), or call 1-800-985-3059.