

## Good Faith Estimate

JCDH provides a “Good Faith Estimate” of out-of-pocket costs for a procedure or service for patients **who don’t have insurance or who are not using insurance**. This estimate will be our best effort in telling you what your total costs would be for expected services, but it will not include any costs that we cannot reasonably predict prior to your visit.

You can request a Good Faith Estimate at any time ahead of scheduling your appointment. Once an appointment is scheduled, the request must be made **at least 3 days ahead** of that appointment date. You can request a Good Faith Estimate by emailing [central.billing@jcdh.org](mailto:central.billing@jcdh.org)

Patients will not be denied services based on an inability to pay. You may be eligible for a discounted price if you meet certain eligibility criteria. For more information and to see if you qualify for discounted rates call (205) 588-5234.

If you receive a bill from us that is \$400 more than the good faith estimate, please contact JCDH by email at [central.billing@jcdh.org](mailto:central.billing@jcdh.org) for resolution. You will need a copy or picture of your Good Faith Estimate.

For questions or more information about your right to a Good Faith Estimate, visit [No Surprises Act | CMS](#) or call 1-800-985-3059.