FORM 11

Good Faith Estimate (No Surprises Act)

Under the federal No Surprises Act, if you are uninsured or not using insurance, you have the right to a Good Faith Estimate of expected charges. KindWell will provide a Good Faith Estimate when you schedule a billable self-pay service or on request.

Patient: _____ Date of estimate: _____

Provider/facility: KindWell Primary Care, PLLC NPI/TIN: _____

Item or service: _____

Itemized expected charges: _____

Estimated total: $_____

This is an estimate of items and services reasonably expected from this provider; it is not a bill and actual charges may differ. It does not include care from other providers (for example, third-party labs or imaging, which bill you separately). If you are billed at least $400 more than this estimate, you may dispute the bill through the patient-provider dispute resolution process within 120 days. Keep a copy of this estimate.