



No Surprises Act.

When you get emergency care or get treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from surprise billing or balance billing.

Under the No Surprises Act, you have the right to receive a “Good Faith Estimate” explaining how much anticipated medical care will cost. Patients who do not have health insurance or who have certain types of health care insurance may request a “Good Faith Estimate” of the total expected costs of any health care items and services before arranging for or scheduling the provision of an item or service, such as a laboratory test. If you receive a bill for health care items or services that were provided that substantially exceeds your “Good Faith Estimate” (\$400 or more), you can dispute the bill.

Drugscan, Inc. will provide a “Good Faith Estimate” of the cost of laboratory tests that it is requested to perform. To receive a Good Faith Estimate, email Drugscan at patient.billing@drugscan.com.

For more information about the No Surprises Act and a patient’s right to a Good Faith Estimate, visit [cms.gov/nosurprises/consumers](https://www.cms.gov/nosurprises/consumers) or email Federal PPDRQuestions@cms.hhs.gov.