



GOOD FAITH ESTIMATE DISCLOSURE

Aspire Health Direct Primary Care, LLC, d/b/a Aspire Health ("Practice")

You will be provided with an estimate of anticipated charges for our nonemergency care upon request.

Services Covered by This Disclosure

Your monthly membership fee covers the primary care services described in your DPC Membership Agreement with Practice. When you signed your DPC Membership Agreement, Practice provided you, in writing, with the amount of your monthly membership fee, the services included in that fee, and the fees for services not included in that fee. Practice has therefore already provided you with the expected cost of the services included in your monthly membership fee, and Practice will give you an updated written statement of that cost if your membership fee or the included services change. Accordingly, any additional Good Faith Estimate you receive applies only to items and services that Practice itself provides and that are **not** included in your monthly membership fee, such as in-office laboratory tests other than the rapid tests listed as included in Appendix A, certain in-office procedures, and other services listed as requiring an additional fee in your DPC Membership Agreement ("Additional Fee Services"). Practice charges the same price to every patient for each Additional Fee Service, and a list of those prices is available on request. Items and services provided and billed by other providers, such as outside laboratories, imaging centers, pharmacies, specialists, and hospitals, are not part of Practice's Good Faith Estimate. Those providers bill you separately.

Additional Fee Services Identified During a Visit

If your provider determines during a visit that you need an Additional Fee Service, Practice will tell you the price before the service is performed, and the service will be performed only if you agree. Practice will note the price and your agreement in your record. You may decline the service, or you may ask for a written Good Faith Estimate before deciding. If you ask, Practice will give you a written Good Faith Estimate before the service is performed, which may require scheduling the service for a later time.

Your Right to a Good Faith Estimate Under Federal Law

You have the right to receive a "Good Faith Estimate" explaining how much your medical care will cost.

Under the federal No Surprises Act, health care providers must give patients who do not have health insurance, or who are not using their health insurance, an estimate of their bill for health care items and services before those items or services are provided. Practice does not bill insurance, so this right applies to every patient who receives Additional Fee Services from Practice.

- You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency Additional Fee Services upon request or when you schedule those services at least 3 business days in advance.
- If Practice expects to provide the same Additional Fee Service on a recurring basis, a single Good Faith Estimate may cover up to 12 months. Practice will give you a new Good Faith Estimate if the expected services or their prices change, or if you continue to receive those services after the period covered by your Good Faith Estimate.
- If you schedule an Additional Fee Service at least 3 business days in advance, make sure Practice gives you a Good Faith Estimate in writing within 1 business day after scheduling. If you schedule an Additional Fee Service at least 10 business days in advance, make sure Practice gives you a Good Faith Estimate in writing within 3 business days after scheduling. You can also ask Practice for a Good Faith Estimate before you schedule a service. If you do, make sure Practice gives you a Good Faith Estimate in writing within 3 business days after you ask.
- If you receive a bill from Practice that is at least \$400 more than your Good Faith Estimate, you can dispute the bill. You must start the dispute within 120 calendar days of the date on the original bill.
- There is a \$25 fee to use the dispute process. If the agency reviewing your dispute agrees with you, you will have to pay the price on the Good Faith Estimate. If the agency disagrees with you and agrees with Practice, you will have to pay the higher amount.
- Make sure to save a copy or picture of your Good Faith Estimate and the bill.



For questions or more information about your right to a Good Faith Estimate, visit www.cms.gov/nosurprises/consumers, email FederalPPDRQuestions@cms.hhs.gov, or call 1-800-985-3059.

Your Right to an Estimate Under Alaska Law

Alaska law (AS 18.23.400 and 7 AAC 86.030) also gives you the right to request an estimate of the reasonably anticipated charges for nonemergency care.

- **How to request an estimate.** Submit your request in writing and include: (1) your full name; (2) the medical condition or service you are seeking; (3) how you want to receive the estimate (by mail, electronically, or orally); and (4) your mailing address, email address, or telephone number. A parent or guardian requesting an estimate for a minor must provide the same information, using the parent's or guardian's name and contact information.
- **When you will receive it.** Practice will provide the estimate before the services are provided and no later than 10 business days after receiving your request. The shorter federal deadlines described above also apply.
- **How you will receive it.** Practice will provide the estimate orally, in writing, or electronically, as you choose. If Practice provides it orally, Practice will keep a written record of it and will also provide a written Good Faith Estimate as required by federal law.
- **What the estimate will include.** The estimate will include: (1) a plain-language description of the Additional Fee Services, products, procedures, and supplies included; (2) the procedure code for each service, if applicable (Practice does not bill insurance and generally does not assign procedure codes); (3) any facility fee, with an explanation of the fee (Practice does not charge a facility fee unless stated in your estimate); (4) the name of any other provider or facility that Practice knows may bill you for related services, with a statement that those charges are not included in Practice's estimate; and (5) a statement that Practice is not a contracted, in-network provider for any insurance plan.
- **Ranges and partial estimates.** If your care could vary significantly because of conditions that cannot reasonably be predicted in advance, the estimate may show a range of charges. If the estimate covers only part of your expected course of treatment, it will say so.

For questions about Alaska's price transparency law, contact the Alaska Department of Health at health.alaska.gov.