

ပုၤဆါတဖၣ်လၢ တၢ်ပၢ်ကီၤတအိၣ် ဒီး ဟ့ၣ်အဘူးအလဲအနီၤ ကစၢ်ဒၣ်ဝဲ

နတၢ်ခွဲးတၢ်ယၢ် ဘၣ်ထွဲဒီး *Good Faith Estimate*

နတၢ်ခွဲးတၢ်ယၢ်တဖၣ်လၢ သဲစးအမီလၢ

နအိၣ်ဒီးတၢ်ခွဲးတၢ်ယၢ်ဆူ နကသိၣ်ကသီစရီယုက့ၤတၢ်အပူၤ အတၢ်ဒွဲးတယးတၢ်ကွဲး (ဘၣ်တၢ်ကိးအီၤလၢ Good Faith Estimate) ဖဲလၢ:

- နတၢ်သ့ၣ်ဆၢဖးကတီၢ်လၢကထံၣ်လိာ်သးအဂီၢ်အံၤဘၣ်တၢ်ရဲၣ်ကျဲၤအီၤဆဲ 3 သီ မ့တမ့ၢ် အါနီၤအဖီခိၣ် ဒီး
- နတဖူၤကါ တၢ်ပၢ်ကီၤလၢကဟ့ၣ်တၢ်ဟဲဒီးပူးသးအဘူးအလဲအဂီၢ် မ့တမ့ၢ် နတအိၣ်ဒီး တၢ်ပၢ်ကီၤအခါန့ၣ်လီၤ.

နယုစ့ၢ်ကိး စရီယုက့ၤတၢ်အပူၤအတၢ်ဒွဲးတယးတခါသ့ မ့မ့ၢ်လၢတၢ်အံၤတဘၣ်တၢ်ဟ့ၣ်လီၤအီၤတဘျီဃီဒၣ်ဝဲဘၣ်န့ၣ်လီၤ. ပုၤဟ့ၣ်မၤစၢၤတၢ်တဖၣ်လၢ တဘၣ်ထွဲဒီး Fairview စ့ၢ်ကိး ဟ့ၣ်လီၤန့ၣ် တၢ်ဒွဲးတယးတခါသ့လီၤ.

The Good Faith Estimate ကဒူးပၣ်ဃုာ် တၢ်ဖိတၢ်လံၤ မ့တမ့ၢ်တၢ်ဟ့ၣ်မၤစၢၤ အပူၤတဖၣ်လၢဘၣ်တၢ်ကွဲးလၢအီၤ ဒ်သိး- တၢ်ဟဲဟးတၢ်ဟ့ၣ်ကသိၣ်ဒၢးလၢ တမ့ၢ်ဂ့ၢ်ဂီၢ်အူ အတၢ်လၢာ်ဘျီလၢစ့ၢ်, ပၣ်ဃုာ် တၢ်မၤကွဲးတဖၣ်လၢဒၢးမၤကွဲးအပူၤ, တၢ်မၤအကျိၤအကွဲးတဖၣ် ဒီး တၢ်လိၣ်တၢ်လဲးတဖၣ်တမံၤဂ့ၢ်မံၤဂ့ၢ်န့ၣ်လီၤ.

Uninsured and Self-Pay Patients

Your right to a Good Faith Estimate

Your rights under the law

You have the right to a written estimate of your medical bill (called a Good Faith Estimate) when:

- Your appointment is scheduled 3 or more days in advance *and*
- You will not be using insurance to pay for the visit or, you do not have insurance.

You may also request an estimate if one is not automatically provided. Providers not affiliated with Fairview can also give you an estimate.

The Good Faith Estimate will include the expected charges of the item or service, such as: the cost of a non-emergency clinic visit, plus any lab tests, procedures and supplies.

Make sure to save a copy or photo of your Good Faith Estimate. If you receive a bill from us that is at least \$400 more than your estimate, you can dispute it. This must be done within 120 days of receiving the bill.

မလီတီဘန်လ၊ ကပ်ဘန် နှင့် Good Faith Estimate အတိ
ကွဲဒီမုတမ္မိတိဂီတကွါ. နမ္မိဒီးနီဘန် စရိယုကွါတိအပူလ၊
ပအိန်လ၊ အအါနီနတိဒွဲတယးအစုကတါ၊ \$400 နှင့် နဂီလိ
ဘိုလိအီသုလီ. တိအိကဘန်မအီလ၊ တိဒီးနီဘန် စရိယု
ကွါတိအပူလံ၊ အသီ 120 အတိပူနီလီ.

နမ္မိအိန်ဒီး တိသံကွါတဖန်နီ

ပ ကျိန်စုပူဟုန်ကွါတိတဖန်စံးဆါဝဲတိသံကွါတဖန်ဘန်ပးဒီး
န Good Faith Estimate သု ဒီးတဲနီပါနတိကွါထွဲကဟုကယံ
အပူတဖန်လ၊အိန်ထီနီသးသုနီလီ.

M Health Fairview
University of Minnesota Medical Center
612-672-1048

Fairview Range
218-362-6624

Grand Itasca Clinic and Hospital
218-999-1710

လ၊တိဂီတိကျိအဂါဘန်ပးဘန်ပး နတိခွဲတိယံ ဆူ
Good Faith Estimate အဂီနီ, လဲဘန်ဆူ-

- www.cms.gov/nosurprises
- mhealthfairview.org/billing/patient-billing-financial-services

If you have questions

Our financial counselors can answer questions about your Good Faith Estimate and explain the possible costs of your care.

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For more information about your right to a Good Faith Estimate, visit:

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