



**Good Faith Estimate Request for CMed Ambulatory Surgery Center**

**Patient Information**

First Name: \_\_\_\_\_ Middle Init: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Account #: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZipCode: \_\_\_\_\_  
 Phone: (\_\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Patient's Contact Preference:  By Mail  By email  By Phone

Please check box if you are requesting a Good Faith Estimate  
 Check this box if the service or item is not yet scheduled  
 Date of Good Faith Estimate: \_\_\_\_\_

**Provider/Facility Estimate**

Provider/Facility Name: CMed Ambulatory Surgery Center  
 Provider/Facility Type: Outpatient Surgery Center  
 Street Address: 2238 Drew Street City: Clearwater State: Florida ZipCode: 33765  
 Contact: CMed Surgery Center Phone: (727) 797-7463 Email: contactus@fsispine.com  
 NPI #: 1306892609 Tax ID#: 03-1011433

**Details of Services and Items for Provide/Facility**

<u>Date of Service</u>	<u>Address where service will be performed</u>	<u>Diagnosis Code</u>	<u>Service/Procedure Code</u>	<u>Quantity</u>	<u>Estimate Cost</u>
	CMed Surgery Center 2238 Drew St Clearwater, Fl 33765				
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## Abbreviated GFE for No-Cost Health Care Items of Services

### Disclaimer

The Good Faith Estimate is not a contract and does not require the uninsured (or self-pay) individual to obtain the items or services from any of the providers or facilities identified in the Good Faith Estimate.

### If you are billed more than the Good Faith Estimate, you may have the right to dispute the bill.

You may contact the health care provider or facility listed to let them know the billed charges are higher than the Good Faith Estimate. You can ask them to update the bill to match the Good Faith Estimate, ask to negotiate the bill or ask if there is financial assistance available.

If you do receive a bill that is \$400 or more, you may also start a dispute resolution process with the U.S. Department of Health and Human Services (HHS). If you choose to use the dispute resolution process, you must start the dispute within 120 calendar days (about 4 months) of the date on the original bill. The initiation of this process will not adversely affect the quality of health care services furnished to an uninsured (or self-pay) individual or facility.

If you dispute your bill, the provider or facility cannot move the bill for the disputed items or services into collection or threaten to do so, or if the bill has already moved into collection, the provider or facility has to cease collection efforts. The provider or facility must also suspend the accrual of any late fees on unpaid bill amounts until after the dispute resolution process has concluded. The provider or facility cannot take or threaten to take any retributive action against you for disputing the bill.

For questions or more information about your right to a Good Faith Estimate, the dispute resolution process, or to get a form to start the dispute resolution process, visit [www.cms.gov/nosurprises/consumers](http://www.cms.gov/nosurprises/consumers), email [FederalPPDRQuestions@cms.hhs.gov](mailto:FederalPPDRQuestions@cms.hhs.gov) or call 1-800-985-3059.

Keep a copy of this Good Faith Estimate in a safe place or take a picture of it.

You may need it if you are billed by a provider or facility.

### Privacy Statement:

CMS is authorized to collect information on this form and any supporting documentation under section 2799B-7 of the Public Health Services Act, as added by section 112 of the No Surprises Act, title I of Division BB of Consolidated Appropriations Act, 2021 (Pub. L. 116-260). We need the information on the form to process your request to initiate a payment dispute, verify the eligibility of your dispute for the PPDR process, and to determine whether any conflict of interest exists with the independent dispute resolution entity selected to decide your dispute. The information may also be used to: (1) support a decision on your dispute; (2) support the ongoing operation and oversight of the PPDR program; (3) evaluate selected IDR entity's compliance with the program rules. Providing the requested information is voluntary. But failing to provide it may delay or prevent processing of your dispute, or it could cause your dispute to be decided in favor of the provider or facility.