

UHS strives to provide you with the information you need to make an informed decision about the cost of your care; however, please understand that this estimate is not a guarantee of final charges.

UHS will provide you with an estimate for your care either before or after scheduling your service. If your service has been scheduled you will receive an estimate for most services by mail.

To request and estimate for services before scheduling please call 607-338-1211 and choose option 3.

This Good Faith Estimate shows the costs of items and services that are reasonably expected for your health care needs for an item or service. The estimate is based on information known at the time the estimate was created. The Good Faith Estimate does not include any unknown or unexpected costs that may arise during treatment. You could be charged more if complications or special circumstances occur.

You may be responsible for any additional costs/procedures that are not included in the estimate, which may vary based on your insurance contract and benefits, medical condition and any additional testing, procedures, pharmaceuticals ordered by your provider. It does not include professional charges for non-UHS providers (radiologists and other non-UHS providers and you may receive an additional bill from those providers. Please visit. <https://www.nyuhs.org/patients-visitors/your-medical-charges-estimated-up-front-/paying-for-your-care/hospital-employed-providers> for additional information

UHS is committed to providing affordable care for our patients. Our billing office is available to assist in obtaining insurance coverage, payment plan options, or Financial Assistance if the patient portion creates a financial hardship. Please call 607-770-0025 for additional information and assistance paying for your care.

This estimate is not a contract and you are not required to receive the services in this estimate.

Note: A New York Surcharge of 9.63% is applied to certain balances and is NOT included in the estimate.

Your Rights under the No Surprise Bill Act

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

You may contact UHS to review the differences between the Good Faith Estimate and the billed charges and UHS may adjust the charges for you.

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 process within 120 calendar days of the date on the first bill for the services provided

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 this Good Faith Estimate. If the agency disagrees with you and agrees with the health care provider or facility, you will have to pay the higher amount.

For more information or to begin the dispute process, go to www.cms.gov/nosurprises or call 1-877-696-6775.