

# 费用估算

您有权收到一份“诚信估算” (Good Faith Estimate)\*, 说明您的医疗费用可能是多少。

法律规定, 医疗保健提供者需要向没有保险或未使用保险的患者提供某些医院和服务提供者服务的账单费用估算。

- 您有权就任何非急诊物品或服务的总预期费用获得诚信估算。这包括相关费用, 例如医疗化检、处方药和住院费用。
- 您的医疗保健提供者必须在您预约接受医疗服务前至少一个工作日以书面形式向您提供诚信估算。在预约服务之前, 您也可以向您的医疗保健提供者索取诚信估算。
- 如果您收到的账单费用比您的诚信估算金额至少高出 400 美元, 我们可以向您解释争议流程。请联系财务顾问 (请参阅下面的联系信息)。
- 我们建议您保存一份诚信估算复印件或照片。

如有疑问或希望了解有关您享有的诚信估算权利的更多信息, 请访问网站 [cms.gov/nosurprises](https://cms.gov/nosurprises)。

请按照以下方式与西雅图儿童医院的财务顾问联系, 电子邮件: [financialcounseling@seattlechildrens.org](mailto:financialcounseling@seattlechildrens.org), 电话: 206-987-3333, 获得以下服务:

- 请求服务估价
- 询问争议流程
- 了解我们的财务援助计划
- 获得有关申请医疗保健承保的帮助

如果您需要口译员帮助, 请电洽 1-866-583-1527, 请求接通财务顾问, 分机 7-3333。

\*诚信估算并非一个准确的价格, 因为我们可能事先不知道您和您的服务提供者将决定需要的护理类型和数量。您的账单费用将反映所接受的实际服务。

## 免费口译员服务

- 在医院内, 向您的护士询问。
- 在医院外, 拨打免费家庭口译专线电话 1-866-583-1527。告诉口译员您需要通话的人的姓名或分机号码。

西雅图儿童医院向聋人、听力障碍者或不会讲英语的患者、家庭成员和法律代表提供免费口译服务。西雅图儿童医院将应请求用其他格式提供本信息。请打电话给家庭资源中心, 电话号码 206-987-2201。本传单已经由西雅图儿童医院的临床工作人员审阅。但是, 您的需求具有独特性。在您根据本信息采取行动或依赖本信息之前, 请向您的医疗保健提供者洽询。

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# Estimated Charges

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**You have the right to receive a “Good Faith Estimate”\* explaining how much your medical care may cost.**

Under the law, healthcare providers need to give patients who do not have insurance or who are not using insurance an estimate of the bill for certain hospital and provider services.

- You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency items or services. This includes related costs like medical tests, prescription medicine and hospital fees.
- Your healthcare provider must give you a Good Faith Estimate in writing at least 1 business day before your appointment for a medical service. You can also ask your healthcare provider for a Good Faith Estimate before you schedule the services.
- If you receive a bill that is at least \$400 more than your Good Faith Estimate, we can explain the dispute process. Contact a financial counselor (see contact information below).
- We recommend saving a copy or picture of your Good Faith Estimate.

For questions or more information about your right to a Good Faith Estimate, visit [cms.gov/nosurprises](https://cms.gov/nosurprises).

Contact a Seattle Children’s financial counselor at [financialcounseling@seattlechildrens.org](mailto:financialcounseling@seattlechildrens.org) or by calling 206-987-3333 to:

- Request an estimate for services
- Ask about the dispute process
- Learn about our Financial Assistance Program
- Get help with applying for healthcare coverage

If you need an interpreter, call 1-866-583-1527 and ask to be connected to a financial counselor at extension 7-3333.

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\*A Good Faith Estimate is not an exact price since we may not know in advance the type and amount of care you and your provider will decide is needed. Your bill will reflect the actual services received.

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## Free Interpreter Services

- In the hospital, ask your nurse.
- From outside the hospital, call the toll-free Family Interpreting Line, 1-866-583-1527. Tell the interpreter the name or extension you need.

Seattle Children’s offers free interpreter services for patients, family members and legal representatives who are Deaf or hard of hearing or speak a language other than English. Seattle Children’s will make this information available in alternate formats upon request. Call the Family Resource Center at 206-987-2201. This handout has been reviewed by clinical staff at Seattle Children’s. However, your needs are unique. Before you act or rely upon this information, please talk with your healthcare provider.

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