

Understanding my AdventHealth Estimate



Date: 07/30/25

Sample Patient
123 MAIN STREET
ORLANDO, FL 32808-4723

Dear Sample Patient,

Thank you for choosing AdventHealth for your health care needs. We are committed to providing quality, compassionate care that supports your whole health.

We want you to understand potential costs for services by providing this good faith estimate* of your likely out-of-pocket costs. This estimate is based on the current coverage and benefit information provided by your insurance company (if applicable) and the typical care experience of patients receiving similar services from your physician. The final amount may vary based on different factors involved in your actual care, such as:

- The length of time spent in surgery or recovery
- Specific equipment, supplies, and medication required
- Additional tests requested by your physician
- Any special care, unexpected conditions or complications
- A change in your insurance benefits

Some services require separate scheduling if they are expected to occur before or after your primary service. Separate good faith estimates will be provided upon scheduling or upon request for items or services included in the above list. Information such as diagnosis codes, service codes, expected charges, and provider or facility identifiers may not be included until they are actually scheduled.

If you have any questions regarding this good faith estimate or want to pay by debit or credit card, please call us at 833-3MY-COST. To pay by check, please make payable to AdventHealth Orlando Hospital.

We look forward to caring for you.

*This good faith estimate shows the estimated 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. Actual items, services, or charges may differ from those listed in this good faith estimate. The good faith estimate does not include any unknown or unexpected costs that may arise during the treatment. You could be charged more if complications or special circumstances occur. If this happens, federal law allows you to dispute (appeal) the bill.

If you are billed for more than this good faith estimate, you 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. 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 (about 4 months) 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 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. The initiation of the patient-provider dispute resolution process will not adversely affect the quality of health care services furnished to an uninsured (or self-pay) individual by a provider or facility.

Keep a copy of this good faith estimate in a safe place or take pictures of it. You may need it if you are billed a higher amount. The good faith estimate is not a contract and does not require you to obtain the items or services from any of the providers or facilities identified in this good faith estimate. To learn more and get a form to start the process, go to <http://www.cms.gov/nosurprises> or call 1-877-696-6775. For questions or more information about your right to a good faith estimate or the dispute process, visit www.cms.gov/nosurprises or call 1-877-696-6775.

Our facility complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

This page shares financial information on your upcoming procedure including your patient rights, payment information as well as information on financial assistance

