When Must a Provider Give a Good Faith Estimate for a **Scheduled Service**?

Patient schedules service. Does the patient have coverage for the service and plan to have a claim submitted to their insurance for this service?

- **YES**
  - Are all providers/facilities in network?
    - **YES**
      - Facility and/or provider(s) needs to provide the patient’s insurer a good faith estimate (**POLICY NOT YET IN EFFECT**)
    - **NO**
      - Convening provider or facility needs to provide the patient an uninsured/self-pay good faith estimate

- **NO**
  - Are both the facility and provider(s) out-of-network?
    - **YES**
      - Facility and/or provider(s) needs to provide the patient’s insurer a good faith estimate (**POLICY NOT YET IN EFFECT**)
    - **NO**
      - ALL facility and/or provider(s) needs to provide the patient’s insurer a good faith estimate (**POLICY NOT YET IN EFFECT**)

**IN ADDITION**, any out-of-network providers/facilities seeking to balance bill need to provide notice to and obtain consent from the patient, which must include a good faith estimate for the out-of-network care.
When Do Good Faith Estimates Apply to Emergency Services, including Post-stabilization Services?

Good faith estimates are not required for emergency services up to the point of stabilization (as defined by EMTALA). However, they may be required for care provided post-stabilization as part of the notice and consent process, if the provider is eligible to seek the patient’s consent to balance bill.