

NO SURPRISE ACT NOTICE

This notice applies to patients who will be Uninsured and/or Self-Paying for treatment and services.

Under the Federal No Surprise Act, we are required to inform you of your right to receive a good faith estimate of the cost of your upcoming doctor's appointment(s) prior to your visit.

If this notice applies to you, please call our office at 931-905-1001 to speak with one of our billers. They will be happy to assist you with any questions or requests.