

CuraWell LLC

No Surprises Act Notice + Good Faith Estimate (GFE) Disclosure

Last Updated: December 19, 2025

Coverage: Texas with federal overlays (No Surprises Act / federal balance billing protections).

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This notice is intended to satisfy federal patient protections against surprise billing and related good faith estimate requirements when applicable.

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1. Overview and Scope

Federal law (the “No Surprises Act”) may protect people covered under group and individual health plans from certain surprise medical bills. These protections generally apply to emergency services, certain non-emergency services at in-network facilities, and out-of-network air ambulance services.

2. Definitions

Balance Billing means billing you for the difference between an out-of-network provider’s charge and the amount your health plan pays, plus your cost-sharing. Good Faith Estimate (GFE) is an estimate of expected charges for uninsured/self-pay individuals.

3. Federal Protections

You generally cannot be balance billed for covered emergency services and certain services at in-network facilities. Your cost-sharing is generally based on in-network rates.

4. Notice & Consent

In limited non-emergency situations, you may be asked to waive certain protections via required notice and written consent. CuraWell’s general approach is not to seek waivers except where legally appropriate.

5. Steps to Take

Contact your health plan, contact CuraWell for review, and seek federal/state assistance resources if needed.

6. GFE (Uninsured/Self-Pay)

If you are uninsured or self-pay, you may have the right to receive a GFE before scheduled services in circumstances required by federal rules. The GFE is not a contract; actual charges may differ if additional services are needed.

6.1 GFE Timing (Summary)

If scheduled \geq 3 business days in advance, provide within 1 business day after scheduling; if scheduled \geq 10 business days, provide within 3 business days; if requested, provide within 3 business days.

7. PPDR

If your bill is \$400 or more above the GFE for a provider/facility, you may be eligible for the federal Patient-Provider Dispute Resolution process, generally initiated within 120 days of the bill.

8. Texas Overlay

Texas may provide additional protections for certain state-regulated plans. Rights depend on plan type and care setting.

Appendix A — Quick Reference Table

Situation	What is Prevented (General)	Cost-Sharing (General)
Emergency services	Balance billing for covered emergency services	In-network cost-sharing
OON provider at IN facility (non-emergency)	Balance billing for many services	Often treated as in-network
OON air ambulance	Balance billing for covered services	In-network cost-sharing
Ground ambulance	Not covered federally	Depends on plan/state law

Appendix B — GFE Timing Rules Table

Trigger	When GFE Must Be Provided (General Rule)
Scheduled \geq 3 business days before service	No later than 1 business day after scheduling
Scheduled \geq 10 business days before service	No later than 3 business days after scheduling
Requested by uninsured/self-pay individual	No later than 3 business days after request

Appendix C — Contact Information

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