

## ACKNOWLEDGEMENT OF RECEIPT OF NO SURPRISE BILLING/GOOD FAITH ESTIMATE NOTICE

l,	_, have received a copy of CCBT's No Surprise
Billing/Good Faith Estimate Notice.	
Print Client's Name	
Client Signature	Date
If Client is a minor or unable to sign:	
Print Personal Representative's Name	Relationship to Client
Personal Representative's Signature	Date
FOR OFFICE U	SE ONLY
We attempted to obtain written acknowledgement	t of receipt of our No Surprise Billing/Good
Faith Estimate Notice, but acknowledgement could	d not be obtained because:
☐ Individual refused to sign	
☐ Communications barriers prohibited obta	aining the acknowledgement
☐ An emergency situation prevented us fro	m obtaining the acknowledgement
☐ Other (please specify)	