

**Notice to Provider and Patient:
Selected Dispute Resolution Entity Selected by HHS**

[Date]

The U.S. Department of Health and Human Services (HHS) has identified a selected dispute resolution (SDR) entity to review the case with Reference Number [XXXX].

[SDR entity name] has been assigned to this case. They can be contacted at:

[SDR Entity Mailing Address]

[SDR Entity Phone #]

[SDR Entity Fax #]

Within 10 business days, [Health Care Provider Name] must send [SDR Entity Name] the following information using the dispute resolution portal:

www.cms.gov/nosurprises

- A copy of the Good Faith Estimate provided to the patient for this case
- A copy of the bill sent to the patient for the items or services under dispute
- Justification for why the billed amount was appropriate and based on unforeseen circumstances that could not have reasonably been anticipated when the Good Faith Estimate was provided

[Patient Name] does not need to take any action at this time.

[SDR entity's name] stated they have no conflicts of interest for this case, meaning they:

- Do not have a financial interest in this case and are not an employee of the health care provider, facility, or patient.
- Did not have a familial, financial, or professional relationship with the health care provider, facility, or patient within the last year.
- Do not have another conflict of interest with the health care provider, facility, or patient.

If you have concerns about conflict of interest with this SDR entity, please e-mail [\[HHS email\]](#)