NSA Template Library

# NSA Billing Disclosure Paragraph (English)

As required by the No Surprises Act (NSA), patients must be provided with a clear, written disclosure that certain out-of-network services may be billed to them under specific conditions. Please use the following template to ensure compliance:  
  
‘[Provider Name] provides care as part of a network of providers. However, for certain services, you may be billed for out-of-network care. We will make every effort to inform you in advance if out-of-network providers will be involved in your care. You will be responsible only for the in-network cost-sharing amounts, as required by the No Surprises Act.’

# Good Faith Estimate Form (CMS Template)

A Good Faith Estimate (GFE) must be provided for patients seeking care from out-of-network providers. This template contains all required elements per CMS guidance.  
  
Template includes:  
- Patient Information  
- Service Information  
- Cost Estimates

# Notice & Consent Form

This template is designed to inform patients of potential out-of-network care and the consequences of not consenting to out-of-network treatment.  
  
Official Model: [Form Example]  
Staff Checklist: [Checklist Example]

# Patient Letter Templates

These letter templates are designed to notify patients about the Good Faith Estimate (GFE) variance. Please use the following formats:  
  
1. GFE Variance Notification  
2. GFE Acknowledgment

MSB Reserves 2025