*INSERT LOGO HERE* PROVIDERS (INSERT NAMES OF PROVIDERS AND NPI BELOW)

Dr Daisy Duck NPI XXXXXXXXX

Dr Micky Mouse NPI

*Insert name of practice here*

**Good Faith Estimate**

Date of Good Faith Estimate:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If scheduled, date of service:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ check here if service is not yet scheduled

Patient Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. State\_\_\_\_\_\_. Zip\_\_\_\_\_\_\_\_

This information is given as an overview of potential charges when a patient is seen at our office. All medical providers use a set of codes established by the government to determine the complexity and value of an office visit or procedure. Insert name of practice here utilizes these codes. These codes differ based on the type of visit occurring. A well check-up is coded and charged differently from a sick visit. A well child check-up and sick visit together are coded and charged differently than each alone. A new patient (sick or well) is coded and charged differently from an established patient as a new patient requires more time. In a sick visit, the coding dictated by the government is determined by the time involved in the visit and/or the complexity of the visit. The number and complexity of problems addressed, the amount and complexity of data used in determining treatment, and the risk of the illness or problem and risk of treatment are used to determine what complexity code is used. Below is a list of potential charges for you or your child’s upcoming visit to our office.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ü | NEW patient | charge | ü | Current patient CPT | charge | ü | Labs and other services | charge | ü | Labs and other services | charge |
|  | 99202 |  |  | 99212 |  |  | 81002 u/a |  |  | 96127 PHQ9 |  |
|  | 99203 |  |  | 99213 |  |  | 87086 u/cx |  |  | 85018 Hg |  |
|  | 99204 |  |  | 99214 |  |  | 87880 rapid strep |  |  | 92558 hearing |  |
|  |  |  |  |  |  |  | 87070 Strep cx |  |  | 99173 vision |  |
|  | 99381 <1 |  |  | 99391 <1 |  |  | 87804 rapid flu |  |  | 96110 screen |  |
|  | 99382 1-4 |  |  | 99392 1-4 |  |  | 87428 rapid covid |  |  | 96160 screen |  |
|  | 99383 5-11 |  |  | 99393 5-11 |  |  | 97807 rapid rsv |  |  | 90471 imms |  |
|  | 99384 12-17 |  |  | 99394 12-17 |  |  | 96460 neb |  |  | 90472 imms |  |
|  | 99385 18+ |  |  | 99395 18+ |  |  | J0696 Rocephin |  |  |  |  |

Estimated total cost: $\_\_\_\_\_\_­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Same day discount if paid in full on day of service\_\_\_\_\_\_\_%

Estimated final cost if paid in full on day of service\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Estimated diagnosis ICD-10 code(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Good Faith Estimate Disclaimer**

**You have the right to receive a “Good Faith Estimate” (GFE) explaining how much your medical care will cost**

Under the law, health care providers need to give patients who don’t have insurance or who are not using insurance an estimate of the bill for medical items and services when an appointment has been scheduled 3 or more days in advance.

* *(Practice Name*  may, as part of the course of care, recommend additional services that will need to be scheduled or requested separately and are not reflected in the GFE;
* The GFE is only an estimate of items or services reasonably expected to be furnished at the time it was issued, and that actual items, services, or charges may differ from the GFE;
* The GFE is not a contract and does not require the uninsured (or self-pay) individual to obtain the items or services from  *(Practice Name*  or any other provider listed.
* The patient may initiate the patient-provider dispute resolution process if the actual billed charges are “substantially in excess of” (currently defined as more than $400 greater than) the expected charges included in the Good Faith Estimate, as specified in 45 CFR 149.620:
  + You may contact our office to let us know the billed charges are higher than the Good Faith Estimate. You can ask us to update the bill to match the Good Faith Estimate, ask to negotiate the bill, or ask if there is financial assistance available.
  + You may also start a dispute resolution process with the U.S. Department of Health and Human Services (HHS). If you choose to use the dispute resolution process, you must start the dispute process within 120 calendar days (about 4 months) of the date on the original bill.
  + There is a $25 fee to use the dispute process. If the agency reviewing your dispute agrees with you, you will have to pay the price on this Good Faith Estimate. If the agency disagrees with you and agrees with the health care provider or facility, you will have to pay the higher amount.
  + Initiating the patient-provider dispute will not adversely affect the quality of healthcare services furnished to the patient.
  + To learn more and get a form to start the process, go to [www.cms.gov/nosurprises](http://www.cms.gov/nosurprises) or call 1-800-985-3059. For questions or more information about your right to a Good Faith Estimate or the dispute process, visit [www.cms.gov/nosurprises](http://www.cms.gov/nosurprises) or call 1-800-985-3059.