



Good Faith Estimate for Health Care Items and Services

Patient		
Patient First Name	Middle Name	Last Name
Patient Date of Birth:		
Patient Account Number:		
Date of Service (if applicable):		
Patient Mailing Address, Phone Number and Email Address		
Street or PO Box		Apartment
City:	State:	ZIP Code:
Phone:		
Email Address:		
Patient's Contact Preference: <input type="checkbox"/> Mail <input type="checkbox"/> Email		
Patient Diagnosis		
Primary Service or Item Requested/Scheduled		
CPT Code(s)		
Patient Primary Diagnosis		Primary Diagnosis Code
Patient Secondary Diagnosis		Secondary Diagnosis Code
Estimated Cost		
Provider Name		Estimated Cost
1)		
2)		
3)		
4)		
Total Cost		\$ 0.00



Disclaimer

This Good Faith Estimate shows the costs of items and services that are reasonably expected for your health care needs for an item or service. The estimate is based on information known at the time the estimate was created. The Good Faith Estimate does not include any unknown or unexpected costs that may arise during treatment. You could be charged more if complications or special circumstances arise from your visit. If this happens, federal law allows you to dispute/appeal the bill.

If you are billed for more than this Good Faith Estimate, you have the right to dispute the bill.

You may contact the health care provider or facility listed to provide notification that the billed charges are higher than the Good Faith Estimate. You can ask them to update the bill to match the Good Faith Estimate, ask to negotiate the bill, or request financial assistance.

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 process within 120 calendar days from the date of the original bill.

There is a \$25 fee to use HHS' formal dispute process. If the agency reviewing your dispute agrees with you, you will be required to pay the price on this Good Faith Estimate. If the agency disagrees with you, you will be required to pay the higher amount.

To learn more and obtain a form to start to the process, go to www.cms.gov/nosurprises.