



WEST FRONT PRIMARY CARE

Good Faith Estimate for Health Care Items and Services Federal No Surprise Act Disclaimer (Uninsured or Self-Pay Patients)

Separate Good Faith Estimates will be issued to an uninsured (or self-pay) individual upon scheduling or upon request of the following page listed items and services. For items and services included in this list, information such as diagnosis codes, expected charges, and provider or facility identifiers will be provided in a separate Good Faith estimate upon scheduling or upon request of such items or services. A good faith estimate may be obtained by contacting West Front Primary Care, PLLC at 231-935-8930.

The following pages of this Good Faith Estimate document, 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. Actual items, services, or charges may differ from the Good Faith Estimate (GFE).
- There may be additional items or services the provider recommends as part of the course of care that must be scheduled or requested separately and are not reflected in the Good Faith Estimate.
- The Good Faith Estimate is not a contract and does not require you to obtain the items and services from any of the providers or facility identified in the Good Faith Estimate. 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 occur.

If you are billed for more than this Good Faith Estimate, you may have the right to dispute the bill. You may contact the health care provider or facility listed to let them know 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 ask if there is financial assistance available.

- You have the right to initiate the patient-provider dispute resolution process if the patient's actual billed charges are \$400 or more than the expected charges that were included in the Good Faith Estimate. Initiation of the patient-provider dispute resolution process will not adversely affect the quality of health care services furnished to you by a provider or facility.
- 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 four months) of the date on the original bill. If you dispute your bill, the provider or facility cannot move the bill for the disputed item or service onto collection or threaten to do so, or if the bill has already moved onto collection, the provider or facility must cease collection efforts. The provider or facility must also suspend the accrual of any late fees on unpaid bill amounts until after the dispute resolution process has been concluded. There is a \$25 fee to use the dispute process. If the Selected Dispute Resolution (SDR) entity reviewing your dispute agrees with you, you will have to pay the price on this Good Faith Estimate, reduced by the \$25 fee. If the SDR entity disagrees with you and agrees with the health care provider or facility, you will have to pay the higher amount.

To learn more and get a form to start the process, go to www.cms.gov/nosurprises/consumers or call 1-800-985-3059. For questions or information about your right to a Good Faith Estimate or the dispute process, you can visit the website at www.cms.gov/nosurprises/consumers, you can email FederalPPDRQuestions@cms.hhs.gov, or you can call 1-800-985-3059.



Good Faith Estimate for Health Care Items and Services

Patient Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____

Primary Care Provider: _____ NPI #: _____

Date of Appointment: _____

The following is an estimation of the full cash price for services and charges expected from West Front Primary Care on the date(s) listed above. Fee charges are typically updated annually.

Description of Service/Item	Procedure Code (CPT)	Diagnosis Code (ICD)	Quantity	Expected Fee
1.				\$
2.				\$
3.				\$
4.				\$
5.				\$
6.				\$
7.				\$
8.				\$
			Total Estimated Charges:	\$

This Good Faith Estimate is given to patient per request or prior to their scheduled appointment, and must be documented in medical record financial policy.