

Good Faith Estimate

Location:

Date of Estimate:

Created By:

Patient:

DOB:

Chart Number:

Scheduled Date of Service:

Physician/PA/NP:

NPI:

Tax ID:

Reason for Estimate:

Quote:

CPT CODE	Description	Diagnosis	Price	Comments

Estimated Total:

Disclaimer

The information provided in this Good Faith Estimate (GFE) is an estimate and estimates are not the final overall charge. This 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.

This GFE does not include any unknown or unexpected costs that may arise during treatment. Unique to Dermatology, you may schedule your appointment for a particular reason and during your visit you or the provider may identify other areas of concern and the provider may perform unexpected procedures which were not contemplated at the time this GFE was created (such as a biopsy which would also result in unanticipated charges for pathology services). You could be charged more if complications or circumstances previously described occur. If this happens, and your bill is \$400 or more for any provider than your GFE for that provider, federal law allows you to dispute the bill.

Additional items/services that are not in the GFE may be recommended by the convening provider as part of the course of care, that must be scheduled separately and are not reflected in the GFE. The clinic can provide a GFE upon request.

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 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 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.

If you dispute your bill, the provider cannot move the bill for the disputed item or service into collection or threaten to do so, or if the bill has already moved into collection, the provider has to cease collection efforts. The provider cannot take or threaten to take any retributive action against you for disputing your bill.

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, 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 1800-985-3059.

For questions or more information about your right to a Good Faith Estimate or the dispute process, visit www.cms.gov/nosurprises/consumers, email FederalPPDRQuestions@cms.hhs.gov, or call 1-800-9853059.

Keep a copy of this Good Faith Estimate in a safe place or take pictures of it. You may need it if you are billed a higher amount.

The GFE is not a contract and does not require you to obtain the items and services from any of the providers identified on the GFE.

Thank you for choosing Forefront Dermatology for all of your medical and cosmetic dermatologic needs!