

GOOD FAITH ESTIMATE



This is a Good Faith Estimate of the expected services. **PHC does not yet know the correct diagnosis codes for your visit.** However, we are required to provide a good faith estimate. We have listed below the type of services a patient may receive during a visit. Based on the visit type and patient type, is the estimated amount that you may be charged depending on your fee group.

From the chart below determine the Visit Type (Medical, Dental, Etc) and Patient Type (New or Established). Based on the Visit Type and Patient Type, cost of the visit is estimated for payments group A, B, C, D and E. Group A, B, C and D are part of the Sliding Scale program and to receive that pricing, a person must apply for sliding scale and be approved. Group E is regular pricing if a patient isn't approved for sliding scale. Information is on the following page to help you determine if you qualify for sliding scale and if you would be group A, B, C or D.

Type of Visit	Patient Type	Code	Charge by Payment Group				
			A	B	C	D	E
Medical Office Visit	Established	99213	30.00	40.00	50.00	60.00	130.00
Medical Office Visit	New	99203	30.00	40.00	50.00	60.00	200.00
Dental Comprehensive Oral Evaluation	New or Established	D0150	25.00	35.00	45.00	55.00	79.00
Behavioral Health Visit	New or Established	90834	15.00	20.00	25.00	30.00	150.00
Nutritionist Visit	New or Established	97802	5.00	10.00	15.00	20.00	50.00

*Charges for group A, B, C and D are applicable if a patient applies and is eligible for the sliding scale program. Group E is the full price.

For questions concerning the good faith estimate, please contact 706-620-4494 ext 8511 or 8513

For patients that are uninsured or choose not to file insurance, PHC offers eligibility for the sliding scale program. Under the sliding scale program, PHC offers discounts off our regular charges based on a person's income and the number of people in the household. When you visit PHC, our staff will help you determine the correct payment group. Please see the chart on the next page to learn more about the sliding scale payment groups and the information you must bring to your appointment to determine the correct payment group.

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How Primary Healthcare Centers Determines Your Payment Group

For a patient that both decides to participate in the Sliding Scale program and qualifies for the program, a Patient's Payment Group is based on the number of people in their household and their total income, using the chart below. The following chart is updated annually.

Household Size	Payment Group				
	A	B	C	D	E
1	Below \$13,590	\$13,591 - \$18,120	\$18,121 - \$22,650	\$22,651 - \$27,180	\$27,181 +
2	Below \$18,310	\$18,311 - \$24,413	\$24,414 - \$30,517	\$30,518 - \$36,620	\$36,621 +
3	Below \$23,030	\$23,031 - \$30,707	\$30,708 - \$38,383	\$38,384 - \$46,060	\$46,061 +
4	Below \$27,750	\$27,751 - \$37,000	\$37,001 - \$46,250	\$46,251 - \$55,500	\$55,501 +
5	Below \$32,470	\$32,471 - \$43,293	\$43,294 - \$54,117	\$54,118 - \$64,940	\$64,941 +
6	Below \$37,190	\$37,191 - \$49,587	\$49,588 - \$61,983	\$61,984 - \$74,380	\$74,381 +
7	Below \$41,910	\$41,911 - \$55,880	\$55,881 - \$69,850	\$69,851 - \$83,820	\$83,821 +
8	Below \$46,630	\$46,631 - \$62,173	\$62,174 - \$77,717	\$77,718 - \$93,260	\$93,261 +

*Sliding fee schedule is updated annually to reflect any changes in DHHS Federal Poverty Guidelines.

Primary Healthcare Centers is glad to offer a sliding fee discount program to qualifying persons. If an individual qualifies for the program, charges may be adjusted down to a nominal fee. This nominal fee is due at the time of service. Sliding scale status is only good for one year from the date of application and must be recertified annually on the anniversary date. Sliding fee discount program status can also be adjusted for change in income or household size. In order to apply, an individual must provide two pieces of information.

1. Sliding Fee Application - Available at each front desk
2. Proof of monthly household income - Patient provides

Examples of acceptable income information:

- A. Tax return from previous year (if self-employed, tax return plus Schedule C)
- B. Most recent check stubs - 4 stubs for weekly pay or 2 stubs for bi-weekly pay
- C. Notarized letter from employer (for odd jobs, etc.)

These two pieces of information must be provided to the office before an individual may be considered to be on the sliding fee program. All paperwork must be turned in at the same time, not piece by piece. The individual is responsible to pay in full on the date of services for all charges incurred until qualified on the sliding fee program.

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GOOD FAITH ESTIMATE - 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 occur. 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 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.

If you are billed more than \$400 above the amount on this Good Faith Estimate, 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.

For questions, to learn more or get a form to start the dispute resolution process, go to www.cms.gov/nosurprises.