

Adult & Child Health

Good Faith Estimate

Patient name:	MRN:
Date of service:	Provider:
Appt. Reason:	Date Estimate Requested:

You may be eligible for Adult & Child Health’s sliding fee discount program which is based on household size and income. Please ask an A&C team member if you would like to apply. See the A&C sliding fee discount schedule below.

Family Size	Level A 100% Discount		Level B 80% Discount		Level C 60% Discount		Level D 40% Discount		Level E 20% Discount		Level F 0% Discount
	Above	Below	Above	Below	Above	Below	Above	Below	Above	Below	
1	\$0	\$15,060.00	\$15,060.01	\$18,225.00	\$18,225.01	\$22,590.00	\$22,590.01	\$26,355.00	\$26,355.01	\$30,120.00	Above 200% \$30,120.00+
2	\$0	\$20,440.00	\$20,440.01	\$25,550.00	\$25,550.01	\$30,660.00	\$30,660.01	\$35,770.00	\$35,770.01	\$40,880.00	\$40,880.00+
3	\$0	\$25,820.00	\$25,820.01	\$32,275.00	\$32,275.01	\$38,730.00	\$38,730.01	\$45,185.00	\$45,185.01	\$51,640.00	\$51,640.00+
4	\$0	\$31,200.00	\$31,200.01	\$39,000.00	\$39,000.01	\$46,800.00	\$46,800.01	\$54,600.00	\$54,600.01	\$62,400.00	\$62,400.00+
5	\$0	\$36,580.00	\$36,580.01	\$45,725.00	\$45,725.01	\$54,870.00	\$54,870.01	\$64,015.00	\$64,015.01	\$73,160.00	\$73,160.00+
6	\$0	\$41,960.00	\$41,960.01	\$52,450.00	\$52,450.01	\$62,940.00	\$62,940.01	\$73,430.00	\$73,430.01	\$83,920.00	\$83,920.00+
7	\$0	\$47,340.00	\$47,340.01	\$59,175.00	\$59,175.01	\$71,010.00	\$71,010.01	\$82,845.00	\$82,845.01	\$94,680.00	\$94,680.00+
8	\$0	\$52,720.00	\$52,720.01	\$65,900.00	\$65,900.01	\$79,080.00	\$79,080.01	\$92,260.00	\$92,260.01	\$105,440.00	\$105,440.00+
9	\$0	\$58,100.00	\$58,100.01	\$72,625.00	\$72,625.01	\$87,150.00	\$87,150.01	\$101,675.00	\$101,675.01	\$116,200.00	\$116,200.00+
10	\$0	\$63,480.00	\$63,480.01	\$79,350.00	\$79,350.01	\$95,220.00	\$95,220.01	\$111,090.00	\$111,090.01	\$126,960.00	\$126,960.00+
Federal Poverty Level	100%		125%		150%		175%		200%		Above 200%
For each additional person, add	\$5,380		\$6,725		\$8,070		\$9,415		\$10,760		

Your sliding fee scale level as of today: _____

Your Good Faith Estimate for this date of service: _____

If you enroll in the sliding fee scale, you must provide proof of income documents, examples provided below. For a full comprehensive list please see the financial assessment form.

- Most recent income tax return
- 2 recent pay stubs
- Social security/disability
- Form 4506-T

Disclaimer: The information provided is a good faith estimate only. It is based on information known at this time about the planned services, is not binding, is not a guarantee of final billed charges, is valid only for services provided by A&C and its providers and is valid only for the appointment date indicated on this letter. Final billed charges may vary from good faith estimates for many reasons including, but not limited to; the patient’s medical condition; unknown circumstances, complications, or findings; final diagnosis, and recommended treatment, devices, supplies, and/or services ordered by a practitioner.

Adult & Child Health Fees

Descriptions:

Office Visit - New Patient: 1st Visit to Primary Care or Psych Prescriber to address specific health problems.

Office Visit - Established Patient: Follow-Up visits to Primary Care or Psych Prescriber to address specific health problems.

Well Visit – New Patient: 1st annual wellness visit/physical received at A&C (based on age)

Well Visit – Established Patient: Follow up annual wellness visits/physicals (based on age)

* If the medical provider finds a problem while performing an annual physical, additional testing or services may be recommended and may be billed separately.

Office Visit - New Patient	CPT	Fee	Office Procedure	CPT	Fee
Expanded Problem Focused	99202	\$153.16	Injections	96372	\$31.79
Detailed	99203	\$201.69	UDS Visual with Dipstick	80305	\$18
Comprehensive	99204	\$343.75	Influenza Vaccine	90686	\$22
Comprehensive	99205	\$268.29	Venipuncture	36415	\$5
Office Visit - Est Patient	CPT	Fee	Immunization Administration 1 Vaccine	90471	\$27.30
Minimal	99211	\$32.60	Hepatitis B Vaccine, Adult	90746	\$130
Problem Focused	99212	\$101.23	Measles, Mumps, Rubella, Varicella Vaccine (MMRV)	90710	\$258
Expanded Problem Focused	99213	\$137.47	Preventive Services	CPT	Fee
Detailed	99214	\$211.24	Preventative GYN	99315	\$196.00
Comprehensive	99215	\$297.96	Smoking & tobacco cessation counseling, >10 min	99407	\$22.63
Well Visit - New Patient	CPT	Fee	Psych Services & Behavioral Health	CPT	Fee
<1y	99381	\$218.22	Psych diag evaluation	90791	\$194.41
1-4y	99832	\$232.64	Psych diag eval w/ medical	90792	\$355.78
5-11y	99383	\$246.15	Psychotherapy, 30 min	90832	\$113
12-17y	99384	\$288.99	Psychotherapy, 30 min w/ E/M	90833	\$95
18-39y	99385	\$299.52	Psychotherapy, 45 min	90834	\$141.41
40-64y	99386	\$336.32	Psychotherapy, 60 min	90837	\$167.48
65y+	99387	\$273.74	Psychotherapy, 60 min w/ E/M	90838	\$160
Well Visit - Est Patient	CPT	Fee	Psych for crisis, first 60 min	90839	\$136.70
<1y	99391	\$185.79	Psych for crisis, ea. add 30 min	90840	\$126.79
1-4y	99392	\$218.61	Family psych w/out pt., 50 min	90846	\$132.80
5-11y	99393	\$198.65	Family psych w/ pt., 50 min	90847	\$134.21
12-17y	99394	\$243.49	Group psychotherapy	90853	\$40.17
18-39y	99395	\$237.87	Intensive Outpatient Therapy	H0015	\$186.35
40-64y	99396	\$274.76	Behavioral Assessment	96127	\$10.75
65y+	99397	\$309.10	Case Management, per hour	T1016	\$58.12
			Skills Development, per hour	H2014	\$104.56
			Peer Recovery, per hour	H0038	\$48.80

