


## 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	Slide A (100% discount)		Slide B (80% discount)		Slide C (60% discount)		Slide D (40% discount)		Slide E (20% discount)		Slide F (Full Pay 0% discount)
	Above	Below	Above	Below	Above	Below	Above	Below	Above	Below	At or Above
1	\$0	\$15,650.00	\$15,650.01	\$19,562.50	\$19,562.51	\$23,475.00	\$23,475.01	\$27,387.50	\$27,387.51	\$31,300.00	\$31,300.00+
2	\$0	\$21,150.00	\$21,150.01	\$26,437.50	\$26,437.51	\$31,725.00	\$31,725.01	\$37,012.50	\$37,012.51	\$42,300.00	\$42,300.00+
3	\$0	\$26,650.00	\$26,650.01	\$33,312.50	\$33,312.51	\$39,975.00	\$39,975.01	\$46,637.50	\$46,637.51	\$53,300.00	\$53,300.00+
4	\$0	\$32,150.00	\$32,150.01	\$40,187.50	\$40,187.51	\$48,225.00	\$48,225.01	\$56,262.50	\$56,262.51	\$64,300.00	\$64,300.00+
5	\$0	\$37,650.00	\$37,650.01	\$47,062.50	\$47,062.51	\$56,475.00	\$56,475.01	\$65,887.50	\$65,887.51	\$75,300.00	\$75,300.00+
6	\$0	\$43,150.00	\$43,150.01	\$53,937.50	\$53,937.51	\$64,725.00	\$64,725.01	\$75,512.50	\$75,512.51	\$86,300.00	\$86,300.00+
7	\$0	\$48,650.00	\$48,650.01	\$60,812.50	\$60,812.51	\$72,975.00	\$72,975.01	\$85,137.50	\$85,137.51	\$97,300.00	\$97,300.00+
8	\$0	\$54,150.00	\$54,150.01	\$67,687.50	\$67,687.51	\$81,225.00	\$81,225.01	\$94,762.50	\$94,762.51	\$108,300.00	\$108,300.00+
9	\$0	\$59,650.00	\$59,650.01	\$74,562.50	\$74,562.51	\$89,475.00	\$89,475.01	\$104,387.50	\$104,387.51	\$119,300.00	\$119,300.00+
10	\$0	\$65,150.00	\$65,150.01	\$81,437.50	\$81,437.51	\$97,725.00	\$97,725.01	\$114,012.50	\$114,012.51	\$130,300.00	\$130,300.00+
Federal Poverty Level	100%		101% - 125%		126% - 150%		151% - 175%		176% - 200%		Above 200%
For each additional person, add	\$5,500		\$6,875		\$8,250		\$9,625		\$11,000		

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