



HURON OPHTHALMOLOGY, PC

## Good Faith Estimate – Office Visit

Thank you for choosing Huron Ophthalmology, PC to provide your eye related medical services. Because we have determined that you are uninsured or self-pay for services that you have scheduled, we are providing you with a good faith estimate to help you plan for payment of the services that you have requested. Please note that this estimate is based on the service scheduled and that your provider may determine that additional tests, procedures, or services are required to appropriately diagnose and treat your eyes.

If there are any questions about this form, your potential costs, or if you believe that you are covered by major medical or optical insurance, please reach out to the practice to confirm your details.

Patient Information and Appointment Details			
Patient Full Name:		Date of Birth:	
Street Address or PO Box:			
City:		State:	Zip:
Email:		Phone:	
Appointment Date:			
Appointment Details:			
Provider Name:	National Provider ID:	Taxpayer ID Number:	Address:

The following is a detailed list of expected charges for your scheduled appointment, as well as for items or services reasonably expected to be furnished in conjunction with the primary item or service as part of the period of care. The estimated costs are valid for 12 months from the date of the Good Faith Estimate.

Date of Good Faith Estimate:		
Summary of Expected Charges		
(An itemized estimate may be attached if additional services are expected.)		
Expected Service:	Service Code	Estimated Charges
<b>Office Visit</b>		\$
<b>Eye Photo (Screening or Fundus)</b>		
<b>Refraction (Prescription)</b>		
<b>Contact Lens Fitting</b>		



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**Total Estimated Cost: \$**

### **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, you may request an estimate at the time of service.

**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 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 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 into collection or threaten to do so, or if the bill has already moved into collection, the provider or facility has to 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 concluded. The provider or facility 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 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](http://www.cms.gov/nosurprises/consumers) or call 1-800-985-3059.

**For questions or more information** about your right to a Good Faith Estimate or the dispute process, visit [www.cms.gov/nosurprises/consumers](http://www.cms.gov/nosurprises/consumers), email [FederalPPDRQuestions@cms.hhs.gov](mailto:FederalPPDRQuestions@cms.hhs.gov), or call 1-800-985-3059.

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.



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