

COST ESTIMATE WORKSHEET

9500 Independence Dr. #900, Anchorage, AK 99507 • Phone: 907-522-1341

Fax: 907-522-1343 Website: ipms@ipmsak.net

Complete the patient information section. Independence Park Medical Services will prepare an estimate of services and return it to you by method indicated below within 10 calendar days from the date of request.

PATIENT INFORMATION (TO BE COMPLETED BY PATIENT)	
First Name:	Date:
Last Name:	Health Plan:
Date of Birth:	
Phone Number:	<input type="checkbox"/> Is a contracted IN Network preferred provider for your plan
You may contact your health insurer for additional information concerning cost-sharing responsibilities	<input type="checkbox"/> Is Not a contracted, in network, preferred provider for your insurance plan, YOU MAY INCUR OUT-OF-NETWORK CHARGES
DESCRIPTION OF PROCEDURE(S) OR SERVICES REQUESTED:	

PLEASE SELECT BELOW HOW YOU WOULD LIKE TO RECEIVE YOUR PRE-ESTIMATE RESPONSE
__ US MAIL – Please mail my medical Pre-estimate to:
__ E-Mail – Please email my medical Pre-estimate to:
__ Fax – Please fax my medical Pre-estimate to:

PROVIDER INFORMATION (TO BE COMPLETED BY PROVIDER)		
Description of Service	CPT Code:	ICD Code:
	Estimated Price:	
Description of Service	CPT Code:	ICD Code:
	Estimated Price:	
Description of Service	CPT Code:	ICD Code:
	Estimated Price:	
Description of Service	CPT Code:	ICD Code:
	Estimated Price:	
Description of Service	CPT Code:	ICD Code:
	Estimated Price:	

COST ESTIMATE: \$
Estimate prepared by:
Date estimate sent to patient:

* Please note:

- The cost information you will receive is a good faith estimate only and is not legally binding
- This is a pre-estimate only for only the services requested and does not include any other services provided by other physicians or facilities (including but not limited to radiologist, pathologists, and anesthesiologists.) Additional costs may be incurred by Quest Diagnostics or UCSF Departments of Pathology and Laboratory Medicine
- The accuracy of the estimate that we provide you will depend largely on the specificity and accuracy of the information you provide to us regarding your proposed medical service.