Independence Park Medical Services

GOOD FAITH 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 a Good Faith Estimate of services and return it to you by method indicated below.

PATIENT INFORMATION (TO BE COMPLETED BY PATIENT)	
First Name:	Date of Good Faith Estimate:
Last Name:	Appointment Date & Time:
Date of Birth:	Provider Name:
Address:	Phone Number:
City, State, Zip:	E-mail:
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:*

The estimated costs listed below are valid for 12 months from the date of the Good Faith Estimate:		
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:	
Description of Service	CPT Code:	ICD Code:
	Estimated Price:	

TOTAL 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 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.)*

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.

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 or more information about your right to a Good Faith Estimate or the dispute process visit:
www.cms.gov/nosurprises/consumers
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.