

Bay Area Foot Care

Good Faith Estimate for Health Care Items and Services

Date: _____

Location: _____

Provider: _____

Service/Item	Diagnosis Code (ICD-10)	Service Code (CPT)	Expected Cost
New Patient Evaluation / Consultation	M79.673	99202,03,04,05	\$ 150 - 250
Established Patient Visit	M79.673	99212,13,14,15	\$ 100 - 175
Ingrown Nail Procedure per toe	L60	11730	\$ 300 - 500
Orthotics	M72.2	L3000	\$ 550
Calluses Trim	L84	11056	\$ 75 - 90
Nail Trim	B35.1	11721	\$ 75 - 90
X-Ray per foot	M79.673	73630	\$ 35 - 75
Injection (not including visit)	M72.2	20550	\$ 75 - 150
MLS Laser	M79.673	97039	\$ 75 - 600
Platelet Rich Plasma Injection	M79.673	0232T	\$ 800 -1200
Amnion Injection (per injection)	M79.673	Q____	\$ 1000 - \$2000
Wound Care Dressing Change	L97.512,522	29851	\$ 75 - 100
Laser/Fungal Nail Treatment	B35.1	11721	\$ 100 - 600
Orthotics second pair (within 1 year)	M72.2	L3000	\$ 325

Total Estimated Cost: \$

I understand that the following is a list of estimated charges (reoccurring services included) "The estimated costs are valid for 12 months from the date of the Good Faith Estimate."

Patient Signature _____

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.

The Good Faith Estimate is not a contract.

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.

To learn more and get a form to start the process, go to 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 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