

Good Faith Estimate with Patient Cost Estimator

Effective January 1, 2022, new consumer billing protections go into effect that mandate a *Good Faith Estimate* be provided to uninsured/self-pay patients at certain facilities.

A Good Faith Estimate (GFE) must include:

- Current Procedural Terminology (CPT[®]*) codes expected on the visit and the patient responsible amount
- Diagnosis codes related to the visit
- Provider NPI
- Provider Tax ID
- NDC

The following document outlines how to configure and utilize the Patient Cost Estimator to generate a Good Faith Estimate to be provided to self-pay or uninsured patients that meet the requirements outlined by CMS.

Prerequisites

The following items must be configured prior to generating Good Faith Estimates.

- Navigate to: eCW Menu > Main Menu > File > Security Settings to set the Allow user to modify Patient Cost Estimate Configuration attribute for the Patient Cost Estimator to generate a Good Faith Estimate.
- Navigate to: eCW Menu > Main Menu > Billing > Fee Schedules to set up a fee schedule for selfpay or uninsured patients that contains the patient responsible amount in the Allowed Amount column for the CPT codes.

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Note: Patient Responsible amounts may need to be manually calculated if sliding fee schedules are configured to slide by CPT Group. It is recommended to update the CPT^{*} codes that will be used on estimates to have readable descriptions that patients will understand when reading the GFE.

Setup

Path: *eCW Menu > Main Menu > Billing > Patient Cost Estimator Configuration*

The following section outlines the necessary steps to ensure the Patient Cost Estimator is configured to generate Good Faith Estimates.

To configure the Patient Cost Estimator:

1. On the General Setup tab of the Patient Cost Estimator Configuration window, select *Professional.*

Select *Facility* or *Anesthesia* if your practice requires the estimate to calculate the facility and/or anesthesia charges.

2. In the Self Pay Professional Fee Schedule section, click the drop-down arrow next to Professional Fee Schedule to select the default fee schedule to be used for self-pay patients:

Г	Consultation Consult	Harrison Constanting				
Sei	ect the types of estimates you	will be creating:	Professional	Fecility (ASC) and using Split Claims	Aresthesia	
	Self Pay Professional Fe	ee Schedule				
Prof	essional Fee Schedule		Ŷ			
Mas	ter fee schedule is selected b	Master Fee Schedule		pay estimates is optional.		
	Estimate Rules (Reconf	Aetna Dental Fee Schedule		rk for most practices.)		
	Rule Name	Medicade Medicare				Status
	Professional Charges O	Medicare Set Day				On
	Facility Charges Only	Side A				On
	Anesthesia Charges On	Slide C				0.0
	Both Professional and P	Slide D Slide E				- On
	All - Professional, Facilit	United				0n
-	Payor Payment Reduct	ion Policies - Professional				
	Name			Applies	То	Status
	Nurse Practitioner, 85%	i		Profess	ional Fees Only	On
	Surgery Assist, Modifier	rs AS and 80, 20%		Profess	ional Fees Only	On
	Multiple Procedures, 10	0%, 50%, 25%		Profess	ional Fees Only	On
	Multiple Procedures, 10	0%, 50%		Profess	ional Fees Only	On
	Multiple Diagnostic Ima	iging Services, 100%, 95%		Profess	ional Fees Only	On
	Multiple Disensatic Ima	aline Services 100% 50%		Donfanti	Innal Fees Only	0.0

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Note: The Fee Schedule used for self-pay patients must contain the patient responsible amount in the Allowed Amount column for the designated CPT^{*} codes. A Fee Schedule may be updated to populate the allowed amount as a percentage of the billed amount by navigating to: *eCW Menu* > *Main Menu* > *Billing* > *Fee Schedules*. Select the fee schedule, then select *Update Fee Schedule* and then select *Update Amount*. Refer to the *Fee Schedule Feature Guide* for instructions on creating a fee schedule and updating the allowed amount.

- 3. In the Estimate Rules section, the default settings apply for most practices, make changes only if necessary.
- 4. In the Payor Payment Reduction Policies Professional section, click the Status to turn *On/Off* a reduction configuration as needed.

General Setup Cum	es tilestage Configuration				
elect the types of estimates	you will be creating:	[] Professional	Facility (ASC) and using Split Claims	Anesthesia	
Sell Pay Professional	Fee Schedule				
ofessional Ree Schedule	Self Pay				
laster fee schedule is selecte	a by default. Selection of a d	ifferent fre schedule for self-o	ov estimotes is potional		
Estimate Rules (Reco	rifigure only if required	Default setting will wor	k for most practices.)		
Rule Name					Status
Professional Charger	Only				On.
Facility Charges Only	0				On
Anesthesia Charges	Daily				On
Both Professional an	d Facility Charges				Ori
All - Professional, Fac	ility, and Anesthesia Char	ges			- Go
Payor Payment Redu	ction Policies - Professi	ional			
None			Applies	Te	Status
Nurse Practitioner, 8	5%		Professi	anal Fees Only	- Dn
Surgery Assist, Modil	fiers AS and 80, 20%		Professio	onal Fees Only	- Dn
Multiple Procedures,	100%, 50%, 25%		Professi	snal Fees Only	On
Multiple Procedures,	100%, 50%		Professio	snal Fees Only	Off
	maging Services, 100%, 95	76	Professi	shal Fees Only	On
Multiple Diagnostic I					

- 5. Click the Custom Message Configuration tab.
- 6. Enter the *NPI* number and *Tax ID* in the Comment section.
- 7. Enter the *Good Faith Estimate Disclaimer* in the Disclaimer section.

The following disclaimer has been provided by CMS:

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.

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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 or call toll-free 877-696-6775. For questions or more information about your right to a Good Faith Estimate or the dispute process, visit www.cms.gov/nosurprises or call toll-free 877-696-6775.

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:

Patient Cost Estimator Configuration		8
General Secup Custom Message Configuration		
Comment Res	iet Defaults	Logs
NPI - 1742411741 Tax ID - 78393287274		
Disclaimer Res	et Defaults	Logs
This Good Faith Estimate shows the costs of items and services that are reasonably expected for your health care needs for an item. The estimate is based on information known at the time the estimate was created. The Good Faith Estimate does not include any unexpected costs that may arise during treatment. You could be charged more if complications or special circumstances occur. If the 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 disp. You may contact the health care provider or facility listed to let them know the billed charges are higher than the Good Faith Estimate 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.	or service. Nown or is happens, ute the bill. te. You can	
	Save	Close

8. Click *Save* to save the disclaimer and close the window.

Workflow

The following section outlines the steps necessary to generate a Good Faith Estimate once the patient's appointment has been scheduled.

Creating Good Faith Estimates with the Patient Cost Estimator

Path: *Patient Lookup > Patient Hub*

A Good Faith Estimate is created from the Patient Hub using the Patient Cost Estimator.

To create a Good Faith Estimate:

1. On the Patient Hub, click the drop-down list next to the Account Inquiry Button, then select *Patient Cost Estimator*:

Patient H	lub smith, Kasie 🛓 May 16, 200	00 (21 yo F) 📫 Acc No. 9925					Θ	8
	Smith Smith Smith Smith Smith Smith Smith Smith Account N I	th, Katie 21Y, F (NYO) rry Lane, Westborough MA-0 5-0450 @ecw.com 좗 05/16/200 io: 9925	R 1581	Advanced Di Insurance PCP Rendering P Default Facil	rective : : BCB: : r : ity :	5		
knew(T.br) knew(T.br) Referral Alergien Drouwters Alergien Counters	Billing Patient Balance : \$20. Account Balance : \$1,5 Collection Status : Assigned to : Billing Alert . Account Inquiry +	2.00 183.00 Guarantor Balance Billing Logs	Structured Veteran Seasonal Migrant Homeless Limited English Proficiency Public Housing Reason patient not qualified for	Data	0 Labs Actions Docs	DI DI Tel Enc	0 Referrals 0 Web Enc	,
RA RI	Add Patient Payment Patient Cost Estimator Payment Plan Next Appointment 3 Facility : Bumped Appt: NONE New Appointment	2021 08:30 AM Vestborough Prac	Progress Notes Progress Notes Medical Summary Medical Record Problem List CliniForms >>	@Patient Docs Devices Consult Notes Flowsheets	Action Logs Letters >> Print Labels	 Ne Ser V 	w Tel Enc	

The Estimate of Patient Services window opens.

2. Click *Add* to create a new Cost Estimate:

Estim	ate of	f Patient Services (s	mith,Katie)								8
Patien	. 0	Smith,Katie	× *	Provider	Q. Provider Name 🗙 🍷 ☆	Insurance O		Cir			
Facility	•	λ.	ж •	Date	To 12/15/2021	Select 🗌	Void 🗌 Self Pay			T Lookup	
Add											
	ID	PATIENT		DESCRIPTIO	N	SERVICE DATE	PROVIDER	VOID	PATIENT	INSURANCE	
	3	Smith,Katie		Radiology Te	esting	12/15/2021	Willis,Sam M	Void	0.00	128.16	8
	5	Smith,Katie		Well Visit		12/15/2021	Willis,Sam M	Void	109.71	0.00	8
Tota	i Coun	ts:2 Prev Page	e 1 of 1	Next						OK Cir	se

3. Enter the *Description*, *Provider*, *Facility*, and *Place of Service*.

- 4. Enter the reason for visit, primary diagnosis code, service location address, and NDC for the visit in the *Comment* section.
- 5. Check the *Self Pay* box, if not already selected.
- 6. In the Fee Schedule section, the default Self Pay Fee Schedule displays. Click the Fee Schedule drop-down list to manually update the Fee Schedule for the estimate:

Estimate of Pati	ent Services								۲
Patient Info				Eligibility Info		Comments		elr)
Description	Well Visit			Insurance Eligibility Details		Primary Service: Well Visit			
Patient	O, Smith, Katle	-	Info Hub	Not Verified <u>Oheck</u>		Primary Diagnosis: 700.00 Rout	ine well exam	¥	
Provider	C. Wills, Sam	•		Service Type	~	Fee Schedule			
NPP		(2	Estimated Deductible \$ 0.00		Professional			
Service Date	12/15/2021	-		Estimated Coinsurance % 0		Master Fee Schedule		v	
Appt Facility	O, Westborough	h Practice As	•	Estimated Copay \$ 0.00		Default Fee Schedule			
Place of Service	11 - OFRICE		×			BCBS			
Insurances				for additional information including out of ne	display. Refer to Details thiork benefits or paye	Master Fee Schedule		-	-
Primary Insurance			🗹 Self Pa	messages. V		Medicare Medicare Schedule 2			
						MT Fee Schedule			
						Self Pay Slide A			2
Contra Contra Contra		117	147	President	line and	Test			
C00e	MI	Mi	MO	ODD/CE/OUTDATIENT WET EST	Units	Profestional	78.45	75.45	
80061				UPID PANEL	1		34.26	34.26	31
				Total	Estimated Charges		109.71	109.71	
				Estimate	d Insurance Benefit			0.00	
				Estimated Pa	tient Responsibility		109.71	109.71	
ABN Print	Payment .	Void 🗹 Pu	blish to Portal					OK Close	•

7. Click *CPT Template* to select the appropriate template of CPT^{*} codes:

Patient Info				Eligibility Info			Comment	5		d
Description Patient	Well Visit C; Smith, Katle	-	Info Hub	Not Verified Check	Details		Primary Serv Primary Dias	ice: Well Visit nosis: 200.00 Routine well ex	carm.	
hovider	C, Willis, Sam	-	\$	Service Type		~	Fee Sched	tule		
10P.			Cir	Estimated Deductible 1	0.00		Professional			
Jervice Date	12/15/2021	**		Estimated Coinsurance N	0		Master Fee	Schedule		v
Appt Facility	 Westborough P 	Practice As	•	Estimated Copay 8	0.00					
Nace of Service	11 - OFFICE		¥							
Insurances				for additional information in	-network values o cluding out of net	isplay. Refer to Details twork benefits or paye				-
Primary Insurance			Z Self Pa	messages. ly						
CPT / HCPCS								Calculate Show Details	CPT Template	A
CPT / HCPCS	M1	M2	M3	Description		Units	Professional	Calculate Show Details	CPT Template	A
CPT / HCPCS Code 99213	M1	M2	M3	Description OFRICE/OUTPATIENT VISIT, EST		Units 1	Professional	Calculate Show Details	CPT Template Total	A
CPT / HCPCS Code 99213 80061	M1	M2	M3	Description OFRCE/OUTPATIENT VISIT, EST UPID PANEL		Units 1 1	Professional	Calculate Show Details 75.45 34.26	CPT Template Total	A 75.45 34.26
CPT / HCPCS Code 99213 80061	MI	M2	M3	Description OFFICE/OUTPATIENT VISIT, EST UPID PANEL	Total	Units 1 1 1 Fortingated Charges	Professional	Celculate Show Details 75.45 34.26	CPT Template Total	A 75.45 34.26
CPT / HCPCS Code 99213 80061	M1	M2	M3	Description OFFICE/OUTPATIENT VISIT, EST UPID PANEL	Total	Units 1 1 Estimated Charges d Insurance Benefit	Professional	Celculate Show Details 75.45 34.26 109.71	CPT Template Total	A 75.45 34.26 109.7 0.0

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8. Select the appropriate CPT Template from the CPT Template List window, then click OK:

Id	Template Name		_
2	New Patient Visit		
3	Established Patient		
4	New BH Visit	/	8
5	Established BH Visit	/	8
5	Vaccine Only - FLU	/	1
7	Off Procedure - ID	/	- 12

Note: CPT templates should be created for the most scheduled office procedures, such as sick visits, well visits, well visits with labs, vaccines, and imaging visits as examples. For more information about creating CPT Templates, refer to the *Cost Estimator User Guide* or the *RCM Workflow - Cost Estimator*.

9. Click *Add* to select CPT^{*} codes if no CPT Template exists:

E Patient Info				III Charles	lity info			Comme	de la			[ele]
Description Pasienti	Well Visie Cl. Smith, Kesle	1.	tefe 1	Not 1	Explosity Verified <u>Liters</u>	Denil	0	Primary Ser Primary Do	nice: Well Via Mittorix: 700.0	t O Routice well es		-
Provider	O, Wills, Sem	•	tir Or	Service Ty Estimated	pe Deductible	0.00	¥)	Fee Scho	dule			
Service Date Appr. Pacificy	12/15/2021 Q. Westworsight	Pression As	•	Estimated	Coinquitance	0		Mașter Fe	re Schedule			~
Place of Service	11-OFFICE		*	Disclaim for accord	er : If applicable, i onal information i	network value	es display. Refer to Detail network benefits or pave					_
Primary Insurance	6	1	🖸 Se	if Pay missinging								6
Primary Insurance		1	2 se	d Pay messages					Celouiste	Der Dela's	CP1 Template	144
Primary Insurance	MI	M2	🖬 Sa	of Pay messeges			Units	Professional	Celouiata	Draw Details	CPT Template Total	
Primary Insurance Cont / HCPCS Code 00213	MI	M2	🖸 Se	d Pay messages Description Objection reacted	5 547 USUT, 857		Units 1	Professional	Celociata	Draw Details	CPT Semplate Total	75.45
Primary Insurance CPT / HCPCS Code B8213 80061	MI	M2	🖸 Se	d Pay messeges Description OSID(Exc) / Sub-E	5 57 557, 857		Units 1	Professional	Crisulate	Draw Details 78.48 54.26	CPT Template Total	75.25 () 24.20 ()
Primary Insurance	MI	M2	2 Se	Description Obscription Obscription Obscription	n ngat est	Ta	Units 1 1 tal Estimated Charges	Professional	Crisulate	Disci Detala 75.45 3425 109.71	CP1 Semplate Total	25.45 (34.20 (100.71
Primary Insurance Code Bet15 20081	MI	M2	2 Se	d Pay messages Cescription ORICE/OUTBATH UPD FAVEL	NT VISIT, 857	To Estimated	UNIIS 1 1 cal Estimated Charges sted Insurance Benefit Patient Responsibility	Professional	Celoulate	Dress Details 75.45 34.26 109.71 109.71	CPT Semplate Total	75.45 (34.20 (109.71 109.71

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The Fee Schedule window opens:

Show	fee	✓ 0.00		Master Fee Sch	hedule-2021 (01/01/2021-06/	* C	Brective Date	12/15/2021			
	All Codes		×	Active		C	Show Invalid C	PT/HCPCS Code			
d	Chg. Code	CPT	Name		F	ee A	llowed	Cost TOS	M1	M2	M
QSeersh	C Search	0,99	Q Searc	Þj.							
34096	0	99000	SPECIMEN	HANDLING	\$0	00	\$0.00	\$0.00			
54097	0	99001	SPECIMEN	HANDLING	50	.00	\$0.00	\$0.00			
54298	0	99002	DEVICE HAI	NDUNG	90	00	\$0.00	\$0.00			
34099	0	99024	POSTOP PO	CLOW-UP VISIT	\$0	00	\$0.00	\$0.00			
94615	0	99024	Postop visit	E	50	00	\$0.00	\$0.00			
54900		99025	INITIAL SUR	ISICAL EVALUATION	50	00	\$2.00	\$0.00			
34901	0	99026	INHOSPITA	AL ON CALL SERVICE	\$0	00	\$0.00	\$0.00			
54902	0	99027	OUT-OF-HO	SP ON CALL SERVICE	\$0	.00	\$2.00	\$0.00			
81	0	99050	Services Aff	ter Office hours - 10 P	M 50	.00	\$0.00	\$0.00			
96761	0	99051	MED SERV.	EVE/WKEND/HOUDAR	\$0	00	\$0.00	\$0.00			
82	0	99052	Services be	tween 10 Philing hou	15 50	00	\$0.00	\$0.00			
96762	0	99053	MED SERV	10PM-SAM, 24 HR FAC	50	.00	\$0.00	\$0.00			
83	0	99054	Services Su	indeys and holdeys	\$0	.00	\$0.00	\$0.00			
54903	0	99056	NON-OFFIC	TE MEDICAL SERVICES	90	.00	\$0.00	\$0.00			
34904	0	99058	OFFICE EM	ERGENCY CARE	\$0	.00	\$0.08	\$0.00			
96763	0	99060	OUT OF OF	FICE EWERG MED SER	v s0	.00	\$0.00	\$0.00			
2315	0	99070	BREAST PU	MP	\$0	00	\$0.00	\$0.00 D			
2325	0	99070	CERVICAL C	COLLAR	\$0	00	\$0.00	\$0.00 D			
2317	0	99070	LACT AID		\$0	.00	\$0.00	\$0.00 D			
2323	0	99070	NIPPLE SHI	ELD	50	00	\$0.00	\$0.00 0			

Repeat this step to enter additional CPT codes.

Populating Fees for Good Faith Estimates

Path: *eCW Menu > Main Menu > Billing > Fee Schedules*

The allowed amounts associated with a Good Faith Estimate are based on the CPT codes selected and their corresponding fee schedule.

To populate fees for a Good Faith Estimate:

1. Click the charge amount in the Professional column to manually update the amount:

stimate of Patie	ent Services													
#Patient Info					Eligibility info					Corre	oren			eir
Description	Well Vain				Insurance Flightley			Details		Promany	Service that V	4.9		-
Fatient	C, Swieh, Katie		-	Infa Hub	O NutVerified Com					Primary	Diamonto 700	10 Routine and e	1477	
Provider	CL Willis Sam		10		Service Type				w.	# Fee S	chedule			
100			Or		Estimated Deductible		0.00			Professio	nul.			
Service Date	12/15/2021	-			Estimated Consurance		5			Maste	· Fee Schedule			v
Appt Facility	Q. Westboroug	h Practice As	+		Extmaned Copey		0.00							
Place of Service	11 - OFFICE		v											
mourances					Dissfalmer: If applicat for additional informat	sie, in Ion in	natural Cuding	i values disp out of netwo	lay. Refer to Detai rk benefits or pay	s				_
Brimary Insurance				Call Day	messegre-									
				-										-
	1		_			_					Celculate	Show Details	CFT Templace	1 444
Contra	140	-						10		Production	La Charles	o Competenso	Traini	
WC15					NOT POST					TT PERSONAL PROPERTY AND		75.45	TT IN	13.45
80061				14	O FAMEL							34.26		5426 II
								Total Est	limated Charges			109.71		109.71
								istimated in	surance Benefit					0.00
							Estin	nated Patier	t Responsibility			109.71		109.71
	fameri i a	-		in an Deutal									(20)	1 August
													1.00	

2. Once all the CPT^{*} codes are entered, click *Calculate*:

SUMMER OF PAG	tient Services								
Patient Info				# Fighlity info			Comments		cle
Description	Well Visit			Incurance Eligibility	Details		Primary Service: V	Vel Visit:	-
Patient	C. Smith Katle		Into Hub	O Nor Verifiel (1m)	1		Panise a Diserver	MAN ALLER ART P	
Desider	O, Wills, Sam			Service Type		- -	Fee Schedule		
1077				Entimated Deductible	. 0.00		Professional		
Service Date	12/13/2021	1		Estimated Comparison	* 0		Master Fee Sche	iovie.	*
Appt Facility	Q Westborough Fra	crice As ·		Estimated Copay	\$ 0.00				
2 (
Flace of Service	13 - QFFICE								
Flace of Service	11-OFFICE			Disclaimer : If applicable for additional information	c in-metwork values d n including out of net	oplay. Refer to Datal work benefits or pave			
Flace of Service	11-OFFICE		Self Pi	Disclaimar : If applicable for additional informatio messages.	e, in-network values d n including out of net	oplay Refer to Detail work benefits or pays			
Flace of Service	n-once		🖸 Self Pi	Diactalmar : If applicable for additional informatio messages. Ny	e, in-men-orik values of n including out of net	oplay. Refar to Detail work benefits or paye			
Insurances	11-0HCE		Set 7	Disclaimer : If applicable for additional informatio messages. Ny	s, in-network values d n including out of net	oplay. Refer to Datal work benefits or paye		uint Sourcesis	OT Templant AN
Insurances Insurances Annary Insurance Cort / HOPCE	11-OFFICE		Self Pi	Biaclaimer : If applicable for addicional informacio messages.	s in-metwork values d n including out of net	oplay. Refer to Detail work benefits or paye	Professional	view Store Details	CPT Templest Adv
Insurances Prinary Insurances Prinary Insurance Code 19213	n - Office a 3 5		Self Fr	Bioclaimer : If applicable for addicional informacio messages. Description Omice:GUTHATEST Visit, Est	s, in-network values d	opiay. Refer to Detail work benefits or pays Units	Professional	une Stor Devis	Of Template Ava Tetal 13-43
Resultances Nesultances Nesultances Nesultance Cort / InCPCC Code Syst13 South	11 - OHICE 19 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		Set Fr	Processor Providence - Macazina -	s, in-network values d	opiay Refer to Detail work benefits or paye Units 1	Professional	uine JourDeals 3.6 2.6	(013myles) All Total 13.4 34.0
CPT / IncPcC Code YSC13 SOUTH	11-OHCE 25		Set Pr	Disclaimer if applicable for additional information messages. Discription Omics/GUTHATES/T VS/T, EST UHIS PARTE.	s, in-network values d n including out of net	Units 1 Stimuted Charges	n Professional	13-00 13-00 14-00 1997/1	OTTEmpler AN Total 12-0 9-07 199-71
Code Statistics	11-OHCE	-	Set 71	Plactalmer If applicable for additional information messages. Description OMICE/SUTINITIEST VSIT, EST SPRCE/SUTINITIEST VSIT, EST SPRCE/SUTINITIEST VSIT, EST SPRCE/SUTINITIEST VSIT, EST	s, in-network values d n including out of net Total Estimated	opiay Refer to Detail work benefits or pays Units 1 2 Estimated Charges Heuromed Benefits	r Professional	13-00 Develo 13-00 34-30 1997.71	073 Tempine Ann Total 12-0 14-0 109-71 6.00

3. Click *OK* on the Process complete pop-up:

eClinicalWorks	8
Process complete.	
	OK

The estimate displays the Estimated Patient Responsibility:

	atient Services											
Patient Inf	fo				Eligibility Info			Commen	ts			clr
Description	Well Visit				Insurance Eligibility	Details		Drimary Ser	drar Wall Viels			
Patient	Q. Smith, Katie	O, Smith, Katie • Info Hub			S Not Verified Oneck			Primary Diamostic 200.00 Routine well exam			(ATT)	
Provider	O, Willis, Sam	-			Service Type		~	Fee Sche	dule			
NPP			Or		Estimated Deductible \$	0.00		Professional				
Service Date	12/15/2021	-			Estimated Coinsurance %	0		Master Fe	e Schedule			~
Appt Facility	Q, Westborough	Practice As	•		Estimated Copay \$	0.00						
Place of Service	11 - OFRICE	ice v										
					Disclaimer : Fapplicable in-n	etwork values displa	iy. Refer to Details					
Insurance:	5				for additional information incl	uding out of network	k benefits or paye	r				
Insurances	nce		2	Self Pay	for additional information incl messages.	uding out of networi	k benefits or paye	r				
Frimary Insuran	rs nce		2	Self Pøy	for additional information incl messages.	uding out of networ	k benefits or paye	r				
Insurances Primary Insuran CPT / HCPI	is nce		2	Self Pay	for additional information incl messages.	uding out of networi	k benefits or paye	r	Celculate	Show Details	CPT Template	Ad
Insurances Primary Insuran CPT / HCPT Code	IS INCE	M2	••• C	Self Pay	for additional information incl messages.	uding out of network	k benefits or paye	Professional	Calculate	Show Details	CPT Template Total	Ad
Code	nce MCS M1	M2	••• Ø	Self Pay	for additional information incl messages. comption	uding out of network	k benefits or paye	Professional	Calculate	Show Details 75.45	CPT Template Total	75.45
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Note: Sliding Fee Schedule adjustments are not calculated with the Patient Cost Estimator. Sliding fee adjustments must be manually calculated and updated before calculating the patient responsible amount.

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Printing or Publishing Good Faith Estimates

Path: *Patient Lookup > Patient Hub*

Good Faith Estimates can be printed or published to the eClinicalWorks[®] Patient Portal.

To print a Good Faith Estimate:

1. On the Patient Hub, click the drop-down list next to the Account Inquiry Button, then select *Patient Cost Estimator*:

Patient Hu	ib SMITH, Kasle 🛓 May 16, 2000 (21 yo F) 📫 Acc No. 95				٢	8
Alds Drawn	Smith, Katie 21Y, F Inter View (View (Q Q A.01581	Advanced Di Insurance PCP Rendering Pr Default Facili	rective : : BCBS : : ty :	5	
Referral Altergies Astropos Astropos Ast tinch	Billing Patient Balance : \$202.00 Account Balance : \$1,983.00 Collection Status : Assigned to : Billing Alert Guarantor Balance Account Inquiry Billing Logs	Structured Data Veteran Seasonal Migrant Homeless Limited English Proficiency Public Housing Reason patient not qualified for		0 Labs Actions 0 Docs	DI Referrals Control Contro Control Control Control Control Contr	
RX Rx Notes	Add Patient Payment Patient Cost Estimator Payment Plan Next Appointment : Facility : Bumped Appt: NONE Case Manager His New Appointment	Progress Notes Medical Summary Medical Summary Medical Record Co Problem List Children Co C	Patient Docs - evices onsult Notes owsheets	Action Logs Letters >> Print Labels	New Tel Enc Send Message	

The Estimate of Patient Services window opens.

2. Click the *Print* button to print the estimate:

Estimate of Pati	ent Services										
Patient Info				Eligibility Info			Comme	nts			eir
Description Patient Provider	Well Visit Info Multi Q, Smith, Katie • Info Multi Q, Wills, Sam •		A Visit Insurance Eigbility Decails Smith, Kasle		Primary Senice: Well Visit Primary Diaenosis: 200.00 Routice well exam.			.a.m.	î.		
NPP		0	le .	Estimated Deductible \$	0.00		Professional				
Service Date	12/15/2021	**		Estimated Coinsurance %	0		Master Fe	e Schedule			¥
Appt Facility	C, Westborough	Practice As	•	Estimated Copay \$	0.00						
Place of Service	11 - OFFICE		• Z Self Pa	Disclaimer : If applicable, in- for additional information inc messages. y	network values d Juding out of net	ispløy. Refer to Decails work benefits or pøye					6
CPT / HCPCS								Calculate	Show Details	OPT Template	Add
Code	M1	M2	M3	Description		Units	Professional			Total	
99213 80061				UPID PANEL		1			75.45 34.26		75.45 II 34.26 II
					Total Estimated Estimated Pat	Estimated Charges I Insurance Benefit ient Responsibility			109.71	1	109.71 0.00 109.71
ABN Print	Payment .	Vilia 🖬 Pul	blish to Portal							OK	Cose

The OpenPDF.jsp window opens with the estimate:



3. Click the printer icon, then click the *Print* button.

To publish a Good Faith Estimate:

1. Check the *Publish to Portal* box to make the estimate accessible on the Patient Portal:

Patient Info					Flightly Info				Comm	ents			eir
Description	Well Visit				maurance trigotory		Details		Promary	Service: Well Vis			
Patient	O, Smith Kate		into	PLB	O Not Verified One	ick .			Driman.	Namesie 700.0	(Reinise sell.e		
Previder	O, Wiltis, Serv	- 14			Service Type			•	# Fee Sc	hedule			
NPP			ř.		Estimated Deductible	. 5	0.00		Profession	ul l			
Service Date	12/13/2021				Estimated Consurance	-	0		Muster	Fee Schedure			*
kopt facility	Cl. Westhorough Pre	artice As			Estimated Copey		0.00						
Place of Service	11 - OFFICE	3	¥.										
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-					Disclaimer : If applicable for eddoonal informed	in, in-	reovork values tuding out of m	display. Refer to Getail etwork benefics or pays					-
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2. Click *Close* on Estimate of Patient Services window:

Estimate of Patie	ent Services						8
Patient Info				Eligibility Info		Comments	eir
Description	Well Visit			Insurance Eligibility Details		Primary Service: Well Visit	-
Patient	C, Smith, Katle	-	Info Hub	Not Verified Check		Primary Diagnosis: 200.00 Routine well e	am ·
Provider	C, Willis, Sam	-		Service Type	~	Fee Schedule	
NPP		0	De	Estimated Deductible \$ 0.00		Professional	
Service Date	12/15/2021	**		Estimated Coinsurance % 0		Master Fee Schedule	~
Appt Facility	C. Westborough	Practice As	•	Estimated Copay \$ 0.00			
Place of Service	11 - OFFICE		¥				
Insurances				for additional information including out of ne	oispiay. Refer to Details twork benefits or paye	r	
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CPT / HCPCS						Calculate Show Details	CPT Template Add
Code	M1	M2	M3	Description	Units	Professional	Total
99213				OFFICE/OUTPATIENT VS/T, EST	1	75.45	75.45 😭
80061				UPID PANEL	1	34.26	34.26 😩
				Total	Estimated Charges	109.71	109.71
				Estimate	d Insurance Benefit		0.00
				Estimated Pa	tient Responsibility	109.71	109.71
ADI Print	Payment .	Void 🖬 Pu	blish to Portal				OK Close

All estimates for the patient can be viewed on the Estimate of Patient Services window:

Pate	nt C	1 Smith,Kape	в *	Provider Q. Prov	ider hanne 🛛 🛪 🔹 🕁	Insurance 0		- Or			
Tacili .	ty •		ж. •	Date	12/15/2021	Select 🔘	Void 🖸 SetPay			T Lookup	
Add	1						-				
0	10	PATIENT		DESCRIPTION		SERVICE DATE	PROVIDER	VOID	PATIENT	INSURANCE	2
C)	1	SmithKate		Radiology Testing		12/15/2021	Willis,Sam M	Void	0.00	128.16	1
0	5	Smith Kepe		Well Visit		12/15/2021	Willis,Sam M	Yast	109.71	0.00	1

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