

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.

1. 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.
2. Navigate to: *eCW Menu > Main Menu > Billing > Fee Schedules* to set up a fee schedule for self-pay or uninsured patients that contains the patient responsible amount in the Allowed Amount column for the CPT codes.

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:

Patient Cost Estimator Configuration

General Setup | Custom Message Configuration

Select the types of estimates you will be creating: ☒ Professional ☐ Facility (ASC) and using Split Claims ☐ Anesthesia

Self Pay Professional Fee Schedule

Professional Fee Schedule: [Dropdown Menu]

Master fee schedule is selected by: [Text]

Estimate Rules (Reconf): [Text]

Rule Name	Status
1 Professional Charges Only	On
2 Facility Charges Only	On
3 Anesthesia Charges Only	On
4 Both Professional and Facility	On
5 All - Professional, Facility	On

Payor Payment Reduction Policies - Professional

Name	Applies To	Status
1 Nurse Practitioner, 85%	Professional Fees Only	On
2 Surgery Assist, Modifiers AS and 80, 20%	Professional Fees Only	On
3 Multiple Procedures, 100%, 50%, 25%	Professional Fees Only	On
4 Multiple Procedures, 100%, 50%	Professional Fees Only	On
5 Multiple Diagnostic Imaging Services, 100%, 95%	Professional Fees Only	On
6 Multiple Diagnostic Imaging Services, 100%, 90%	Professional Fees Only	On

Save Close

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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.

Estimate Rules

Rule Name	Status
1 Professional Charges Only	On
2 Facility Charges Only	On
3 Anesthesia Charges Only	On
4 Both Professional and Facility Charges	On
5 All - Professional, Facility, and Anesthesia Charges	On

Payor Payment Reduction Policies - Professional

Name	Applies To	Status
1 Nurse Practitioner, 85%	Professional Fees Only	On
2 Surgery Assist, Modifiers AS and 80, 20%	Professional Fees Only	On
3 Multiple Procedures, 100%, 50%, 25%	Professional Fees Only	On
4 Multiple Procedures, 100%, 50%	Professional Fees Only	Off
5 Multiple Diagnostic Imaging Services, 100%, 95%	Professional Fees Only	On
6 Multiple Diagnostic Imaging Services, 100%, 50%	Professional Fees Only	Off

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

General Setup Custom Message Configuration

Comment Reset Defaults Logs

NPI - 1742411741
Tax ID - 78393287274

Disclaimer Reset 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 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.

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*:

The screenshot shows the Patient Hub for Katie Smith. The 'Account Inquiry' dropdown menu is open, and 'Patient Cost Estimator' is highlighted with a red box. The interface includes patient information, billing details, and various action buttons.

The Estimate of Patient Services window opens.

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

The screenshot shows the Estimate of Patient Services window. The 'Add' button is highlighted with a red box. The window displays a table with columns for ID, Patient, Description, Service Date, Provider, Void, Patient, and Insurance.

ID	PATIENT	DESCRIPTION	SERVICE DATE	PROVIDER	VOID	PATIENT	INSURANCE
3	Smith,Katie	Radiology Testing	12/15/2021	Willis,Sam M	Void	0.00	128.16
5	Smith,Katie	Well Visit	12/15/2021	Willis,Sam M	Void	109.71	0.00

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

- Enter the reason for visit, primary diagnosis code, service location address, and NDC for the visit in the *Comment* section.
- Check the *Self Pay* box, if not already selected.
- 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:

The screenshot shows the 'Estimate of Patient Services' form. The 'Patient Info' section includes fields for Description (Well Visit), Patient (Smith, Katie), Provider (Willis, Sam), NPP, Service Date (12/15/2021), Appt Facility (Westborough Practice As), and Place of Service (11 - OFFICE). The 'Eligibility Info' section shows Insurance Eligibility (Not Verified), Service Type, Estimated Deductible (\$ 0.00), Estimated Coinsurance (% 0), and Estimated Copay (\$ 0.00). The 'Comments' section shows Primary Service (Well Visit) and Primary Diagnosis (700.00 Routine well exam). The 'Fee Schedule' section shows a dropdown menu with options: Master Fee Schedule, Default Fee Schedule, BCBS, Import Test (2021), Master Fee Schedule, Medicare, Medicare Fee Schedule_3, MT Fee Schedule, **Self Pay** (highlighted with a red box), Slide A, and Test. The 'CPT / HCPCS' table lists two codes: 99213 (OFFICE/OUTPATIENT VISIT, EST) and 80061 (LIPID PANEL). The summary at the bottom shows Total Estimated Charges of 109.71, Estimated Insurance Benefit of 0.00, and Estimated Patient Responsibility of 109.71.

- Click *CPT Template* to select the appropriate template of CPT* codes:

The screenshot shows the 'Estimate of Patient Services' form with the 'CPT / HCPCS' section expanded. The 'Calculate' button is disabled, and the 'Show Details' button is active. The 'CPT Template' button is highlighted with a red box. The 'CPT / HCPCS' table lists two codes: 99213 (OFFICE/OUTPATIENT VISIT, EST) and 80061 (LIPID PANEL). The summary at the bottom shows Total Estimated Charges of 109.71, Estimated Insurance Benefit of 0.00, and Estimated Patient Responsibility of 109.71.

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- Select the appropriate CPT Template from the CPT Template List window, then click **OK**:

CPT Template List

CPT Template Add

Id	Template Name		
2	New Patient Visit		
3	Established Patient		
4	New BH Visit		
5	Established BH Visit		
6	Vaccine Only - FLU		
7	Off Procedure - ID		

Total Counts : 6 Prev Page 1 of 1 Next **OK** Close

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*.

- Click **Add** to select CPT* codes if no CPT Template exists:

Estimate of Patient Services

Patient Info

Description: Well Visit
 Patient: Smith, Katie
 Provider: Willis, Sam
 NPI: ***
 Service Date: 12/15/2021
 Appt Facility: Westborough Practice A
 Place of Service: 11 - OFFICE

Eligibility Info

Insurance Eligibility: Not Verified
 Service Type:
 Estimated Deductible: \$ 0.00
 Estimated Coinsurance: % 0
 Estimated Copay: \$ 0.00

Comments

Primary Service: Well Visit
 Primary Diagnosis: 700.00 Routine well exams

Fee Schedule

Professional
 Master Fee Schedule

CPT / HCPCS

Code	M1	M2	M3	Description	Units	Professional	Total
98715				OFFICE/OUTPATIENT VISIT, EST	1		75.45
80001				LIPID PANEL	1		34.26

Total Estimated Charges 109.71 **109.71**
Estimated Insurance Benefits 0.00
Estimated Patient Responsibility 109.71 **109.71**

Calculate Show Details CPT Template **Add**

Info Print Payments Void Publish to Portal OK Close

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The Fee Schedule window opens:

The Fee Schedule window displays a table with the following columns: Id, Chg. Code, CPT, Name, Fee, Allowed, Cost, TOS, M1, M2, M3. The table lists various CPT codes and their corresponding fees, all set to \$0.00. The window includes search filters for Chg. Code, CPT, and Name, and a dropdown for Master Fee Schedule-2021 (01/01/2021-06/30/2021). The Effective Date is set to 12/15/2021. The window also has a checkbox for 'Show Invalid CPT/HCPCS Codes' and buttons for 'OK' and 'Cancel'.

Id	Chg. Code	CPT	Name	Fee	Allowed	Cost	TOS	M1	M2	M3
134896	0	99000	SPECIMEN HANDLING	\$0.00	\$0.00	\$0.00				
134897	0	99001	SPECIMEN HANDLING	\$0.00	\$0.00	\$0.00				
134898	0	99002	DEVICE HANDLING	\$0.00	\$0.00	\$0.00				
134899	0	99024	POSTOP FOLLOW-UP VISIT	\$0.00	\$0.00	\$0.00				
194615	0	99024	Postop visit	\$0.00	\$0.00	\$0.00				
134900	0	99025	INITIAL SURGICAL EVALUATION	\$0.00	\$0.00	\$0.00				
134901	0	99026	IN-HOSPITAL ON CALL SERVICE	\$0.00	\$0.00	\$0.00				
134902	0	99027	OUT-OF-HOSP ON CALL SERVICE	\$0.00	\$0.00	\$0.00				
481	0	99050	Services After Office hours - 10 PM	\$0.00	\$0.00	\$0.00				
196761	0	99051	MED SERV, EVE/WKEND/HOLIDAY	\$0.00	\$0.00	\$0.00				
482	0	99052	Services between 10 PM-midg hours	\$0.00	\$0.00	\$0.00				
196762	0	99053	MED SERV 10PM-5AM, 24 HR FAC	\$0.00	\$0.00	\$0.00				
483	0	99054	Services Sundays and holidays	\$0.00	\$0.00	\$0.00				
134903	0	99056	NON-OFFICE MEDICAL SERVICES	\$0.00	\$0.00	\$0.00				
134904	0	99058	OFFICE EMERGENCY CARE	\$0.00	\$0.00	\$0.00				
196763	0	99060	OUT OF OFFICE EMERG MED SERV	\$0.00	\$0.00	\$0.00				
72315	0	99070	BREAST PUMP	\$0.00	\$0.00	\$0.00	D			
72325	0	99070	CERVICAL COLLAR	\$0.00	\$0.00	\$0.00	D			
72317	0	99070	LACT AID	\$0.00	\$0.00	\$0.00	D			
72323	0	99070	NIPPLE SHIELD	\$0.00	\$0.00	\$0.00	D			

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:

The Estimate of Patient Services window displays patient information, eligibility info, and a table of CPT/HCPCS codes. The table has columns for Code, M1, M2, M3, Description, Units, Professional, and Total. The Professional column is highlighted with a red box, indicating where to click to manually update the amount.

Code	M1	M2	M3	Description	Units	Professional	Total
99213				OFFICE/OUTPATIENT VISIT, EST	1	73.43	73.43
80061				LIPID PANEL	1	34.26	34.26
Total Estimated Charges						109.71	109.71
Estimated Insurance Benefit						0.00	0.00
Estimated Patient Responsibility						109.71	109.71

- Once all the CPT* codes are entered, click *Calculate*:

Estimate of Patient Services

Patient Info
 Description: Well Visit
 Patient: Smith, Katie
 Provider: Willis, Sam
 NPP: [blank]
 Service Date: 12/15/2021
 Appt Facility: Westborough Practice As
 Place of Service: 11 - OFFICE

Eligibility Info
 Insurance Eligibility: Not Verified
 Service Type: [blank]
 Estimated Deductible: \$ 0.00
 Estimated Coinsurance: % 0
 Estimated Copay: \$ 0.00

Comments
 Primary Service: Well Visit
 Primary Diagnosis: 200.00 Routine well exam

Fee Schedule
 Professional
 Master Fee Schedule

CPT / HCPCS

Code	M1	M2	M3	Description	Units	Professional	Total
99213				OFFICE/OUTPATIENT VISIT, EST	1	75.45	75.45
80061				LIPO PANEL	1	34.26	34.26
Total Estimated Charges							109.71
Estimated Insurance Benefit							0.00
Estimated Patient Responsibility							109.71

Buttons: Print, Payment, Void, Publish to Portal, OK, Close

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

eClinicalWorks

Process complete.

OK

The estimate displays the Estimated Patient Responsibility:

Estimate of Patient Services

Patient Info
 Description: Well Visit
 Patient: Smith, Katie
 Provider: Willis, Sam
 NPP: [blank]
 Service Date: 12/15/2021
 Appt Facility: Westborough Practice As
 Place of Service: 11 - OFFICE

Eligibility Info
 Insurance Eligibility: Not Verified
 Service Type: [blank]
 Estimated Deductible: \$ 0.00
 Estimated Coinsurance: % 0
 Estimated Copay: \$ 0.00

Comments
 Primary Service: Well Visit
 Primary Diagnosis: 200.00 Routine well exam

Fee Schedule
 Professional
 Master Fee Schedule

CPT / HCPCS

Code	M1	M2	M3	Description	Units	Professional	Total
99213				OFFICE/OUTPATIENT VISIT, EST	1	75.45	75.45
80061				LIPO PANEL	1	34.26	34.26
Total Estimated Charges							109.71
Estimated Insurance Benefit							0.00
Estimated Patient Responsibility							109.71

Buttons: Print, Payment, Void, Publish to Portal, OK, Close

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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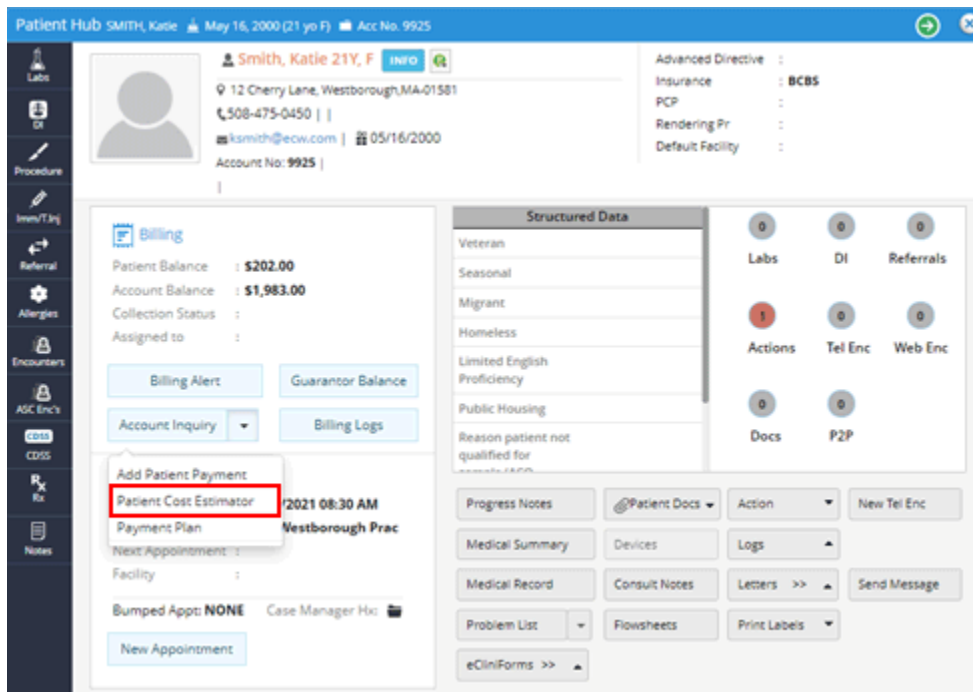
Printing or Publishing Good Faith Estimates

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 Hub SMITH, Katie May 16, 2000 (21 yo F) Acc No. 9925

Smith, Katie 21Y, F INFO

12 Cherry Lane, Westborough, MA 01581
508-475-0450 | |
ksmith@ecw.com | 05/16/2000
Account No: 9925 |

Advanced Directive :
Insurance : BCBS
PCP :
Rendering Pr :
Default Facility :

Structured Data

Veteran
Seasonal
Migrant
Homeless
Limited English Proficiency
Public Housing
Reason patient not qualified for

0 0 0
Labs DI Referrals
1 0 0
Actions Tel Enc Web Enc
0 0
Docs P2P

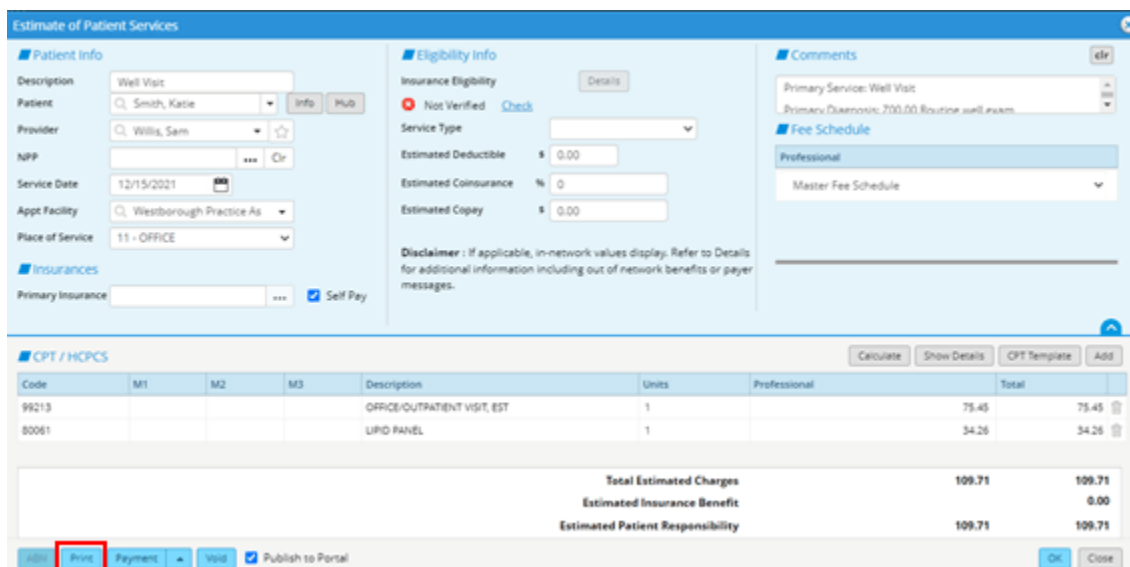
Patient Balance : \$202.00
Account Balance : \$1,983.00
Collection Status :
Assigned to :
Billing Alert
Guarantor Balance
Account Inquiry
Billing Logs
Add Patient Payment
Patient Cost Estimator
Payment Plan
Next Appointment :
Facility :
Bumped Appt: NONE Case Manager Hx:
New Appointment

2021 08:30 AM
Westborough Prac

Progress Notes
Medical Summary
Medical Record
Problem List
Patient Docs
Devices
Consult Notes
Flowsheets
Action
Logs
Letters >>
Print Labels
New Tel Enc
Send Message
eClinForms >>

The Estimate of Patient Services window opens.

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



Estimate of Patient Services

Patient Info

Description: Well Visit
Patient: Smith, Katie
Provider: Wills, Sam
NPP:
Service Date: 12/15/2021
Appt Facility: Westborough Practice As
Place of Service: 11 - OFFICE

Eligibility Info

Insurance Eligibility: Not Verified
Service Type:
Estimated Deductible: \$ 0.00
Estimated Coinsurance: % 0
Estimated Copay: \$ 0.00

Comments

Primary Service: Well Visit
Primary Diagnosis: 700.00 Routine well exam

Fee Schedule

Professional
Master Fee Schedule

Disclaimers: If applicable, in-network values display. Refer to Details for additional information including out of network benefits or payer messages.

CPT / HCPCS

Code	M1	M2	M3	Description	Units	Professional	Total
99213				OFFICE/OUTPATIENT VISIT, EST	1	75.45	75.45
80061				LIPID PANEL	1	34.26	34.26
Total Estimated Charges							109.71
Estimated Insurance Benefit							0.00
Estimated Patient Responsibility							109.71

Print Payment Void Publish to Portal

The OpenPDF.jsp window opens with the estimate:

Westborough Medical Associates
 112 TURNPIKE RD WESTBOROUGH MA 01581-2859
 (508-836-1200)
 (508-836-4466)

Cassadaga, Lori
 35 Eaton Pass
 Westborough
 MA 01581

ESTIMATE OF PATIENT SERVICES

Prepared For: Cassadaga, Lori Printed On: 12/21/2021 10:15:41

PATIENT NAME: Cassadaga, Lori	DOB: 07/23/1979	ACCOUNT: 113
PROVIDER NAME: Willie, Sam	NPI NAME:	
FACILITY: Westborough Medical Associates	PLACE OF SERVICE: 11 - OFFICE	
ESTIMATE #: 4	ANESTHESIA: 0 minutes	
INSURANCE:	SERVICE DATE: 12/21/2021	
SELF-PAY: Yes		
EST DEDUCTIBLE: 0.00	EST CO-INSURANCE: 0 %	EST CO-PAY: 0.00

----- Charges -----									
CPT	Description	M1	M2	M3	Qty	Provider	Facility	Anesthesia	Total
99213	OFFICE/OUTPATIENT				1	42.00	0.00	0.00	42.00
90471	IMMUNISATION ADMI				1	14.00	0.00	0.00	14.00
80488	TTV4 VACCINE SPLIT				1	8.50	0.00	0.00	8.50
Total Estimated Charges:						64.50	0.00	0.00	64.50
Estimated Insurance Benefit:									0.00
Estimated Patient Responsibility:						64.50	0.00	0.00	64.50

COMMENTS

Reason for Visit - Flu Shot Primary Diagnosis - I23 Service Location- 322 Technology Dr,
 Westborough MA NDC: 4344-233-44345

TAX ID 123334443 NPI 232342223

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. To learn more and get a form to start the process, go to www.cms.gov/assurances or call 1-800-455-7766. For questions or more information about your right to a Good Faith Estimate or the dispute process, visit www.cms.gov/assurances or call 1-800-455-7766. 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.

- 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:

The screenshot shows the 'Estimate of Patient Services' window. The 'Patient Info' section includes fields for Description (Well Visit), Patient (Smith, Katie), Provider (Willis, Sam), NPP, Service Date (12/15/2021), Appt Facility (Westborough Practice As), and Place of Service (11 - OFFICE). The 'Eligibility Info' section shows Insurance Eligibility (Not Verified), Service Type, Estimated Deductible (\$ 0.00), Estimated Coinsurance (% 0), and Estimated Copay (\$ 0.00). The 'Comments' section includes Primary Service (Well Visit) and Fee Schedule (Master Fee Schedule). The 'CPT / HCPCS' table lists two codes: 99213 (OFFICE/OUTPATIENT VISIT, EST) and 80061 (LIPID PANEL). The summary at the bottom shows Total Estimated Charges of 109.71, Estimated Insurance Benefit of 0.00, and Estimated Patient Responsibility of 109.71. The 'Publish to Portal' checkbox is checked and highlighted with a red box.

2. Click *Close* on Estimate of Patient Services window:

This screenshot is identical to the previous one, showing the 'Estimate of Patient Services' window. In this view, the 'Close' button in the bottom right corner is highlighted with a red box.

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

The screenshot shows the 'Estimate of Patient Services (Smith, Katie)' window. It includes search filters for Patient, Provider, Insurance, Facility, and Date. Below the filters is a table listing estimates for Smith, Katie. The table has columns for ID, PATIENT, DESCRIPTION, SERVICE DATE, PROVIDER, VOID, PATIENT, and INSURANCE.

ID	PATIENT	DESCRIPTION	SERVICE DATE	PROVIDER	VOID	PATIENT	INSURANCE
3	Smith, Katie	Radiology Testing	12/15/2021	Willis, Sam M	Void	0.00	128.16
5	Smith, Katie	Well Visit	12/15/2021	Willis, Sam M	Void	109.71	0.00

At the bottom, it shows 'Total Counts: 2' and navigation buttons (Prev, Page 1 of 1, Next). The 'Close' button is highlighted in the bottom right corner.



APPENDIX A: DISCLAIMER

Legal Disclaimer: The information contained in this workflow document represents eClinicalWorks' current understanding of the No Surprises Act. The obligations in the No Surprises Act fall upon the provider and the healthcare facility. Nothing in this document provided by eClinicalWorks shall be considered legal advice. If you have any questions regarding the requirements contained in the No Surprises Act or how they apply to you or your practice you are encouraged to consult your legal counsel. eClinicalWorks assumes no liability for the information contained within this support document regarding the No Surprises Act.

APPENDIX B: DOCUMENTATION TERMS AND CONDITIONS

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