

SELF-PAY/UNINSURED FINANCIAL ESTIMATE*

GOOD FAITH ESTIMATE

The estimated costs are valid for 12 months from the date of the Good Faith Estimate

Patient Name _____

Patient DOB: ____ / ____ / ____

The Physician charges* for your visit:

CPT 99204 \$329.00 New Patient Office Visit not see for 3 yrs

CPT 99214 \$217.00 Established Patient Office Visit

CPT _____ \$ _____ . _____ _____ Procedure

CPT _____ \$ _____ . _____ _____ Procedure

CPT _____ \$ _____ . _____ _____ Procedure

Diagnosis Code(s): _____ (if determined)

**It is impossible to know the EXACT charges you will be billed. This price is based off of our best guess.
You may be charged an additional fee if a different CPT code is applicable or receive a refund.*

Total Physician Charges *with 35% Discount Applied* \$ _____ . _____
\$213.85 for new visit; \$141.05 for established visit

We require **payment in full** prior to being seen or scheduling the procedure/surgery.
This may be paid in the office or over the phone.

Providers: *Assistant Surgeons are not allowed*

- Dr. Thomas Niesen
- Dr. Christopher Cronin
- Dr. John Mason
- Dr. Mari Fahrner
- Dr. Nicholas Boston
- Dr. Donald Summers
- Jennifer Quisenberry, FNP-BC

National Provider Identifier

- 1114911658

Taxpayer Identification Number

- 43-1242298

Locations:

*In addition to physician charges, there will be additional hospital/facility charges, as well as possible anesthesia charges, surgery assistant charges, and/or pathology charges. Diagnostic testing & lab work will also be subject to charges. **To receive a Good Faith Estimate on these items please contact the appropriate facility below where they will be taking place:***

- **St. Luke's Hospital**
 - St. Luke's offers patients a **Price Estimator Tool** to help you understand your out-of-pocket expenses associated with your healthcare service - <https://www.stlukes-stl.com/pay/carepricer.html>

- You will need to contact St. Luke's Hospital and make arrangements with them as soon as possible.
Please call Patient Financial Services at 314-576-8100.
- 232 S Woods Mill Rd, Chesterfield, MO 63017

● **St. Luke's Surgery Center of Chesterfield**

- You will need to contact St. Luke's Surgery Center and make arrangements with them as soon as possible. **Please call Insurance Verifier at 636-537-0122**
- 111 St. Luke's Center Drive, Suite 500, Building B, Chesterfield, MO 63017

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, and your bill is \$400 or more for any provider or facility than your Good Faith Estimate for that provider or facility, federal law allows you to dispute the bill.

The Good Faith Estimate is not a contract and does not require the uninsured (or self-pay) individual to obtain the items or services from any of the providers or facilities identified in the Good Faith Estimate.

If you are billed for more than this Good Faith Estimate, you may 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.

If you dispute your bill, the provider or facility cannot move the bill for the disputed item or service into collection or threaten to do so, or if the bill has already moved into collection, the provider or facility has to cease collection efforts. The provider or facility must also suspend the accrual of any late fees on unpaid bill amounts until after the dispute resolution process has concluded. The provider or facility cannot take or threaten to take any retributive action against you for disputing your bill.

There is a \$25 fee to use the dispute process. If the Selected Dispute Resolution (SDR) entity reviewing your dispute agrees with you, you will have to pay the price on this Good Faith Estimate, reduced by the \$25 fee. If the SDR entity 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, email FederalPPDRQuestions@cms.hhs.gov, 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.

Date Estimate Created & Provided to Patient: _____ / _____ / _____

For more information about this estimate please contact the office to speak with the
Office Manager or Surgery Scheduler at 314-434-1211.

Other Common Procedures:

| | | |
|-----------------|------------|---|
| CPT 47562 | \$1,366.00 | Laparoscopic Cholecystectomy (<i>with discount = \$887.90</i>) |
| CPT 49650 | \$888.00 | Lap Inguinal hernia repair w/ mesh <i>NONrecurrent</i> (<i>with discount = \$577.20</i>) |
| CPT 49505 | \$1,079.00 | Open Inguinal hernia repair w/ mesh <i>NONrecurrent</i> (<i>with discount = \$701.35</i>) |
| CPT 45990/46270 | \$1,283.00 | Exam Under Anesthesia w/ fistulotomy (<i>with discount = \$833.95</i>) |
| CPT 10061 | \$423.00 | Complicated Incision & Drainage (<i>with discount = \$274.95</i>) |
| CPT 93880 | \$482.00 | Carotid Ultrasound w/ Reading (<i>with discount = \$313.30</i>) |
| CPT 93922 | \$194.00 | ABI w/ Reading (<i>with discount = \$126.10</i>) |
| CPT 93978 | \$454.00 | AAA Ultrasound w/ Reading (<i>with discount = \$295.10</i>) |
| CPT 93971 | \$286.00 | Venous Ultrasound w/ Reading (<i>with discount = \$185.90</i>) |