GI For Kids

Pediatric Gastroenterology and Nutrition Services
Excellent Care Every Time
1975 Town Center Blvd · Knoxville, TN 37922
Phone (865) 546-3998 · Fax (865) 546-1123 · www.giforkids.com

Good Faith Estimate

Date: _____
Acct #: _____

Patient: _____ DOB: _____ <<Sex>>: _____
Guarantor: _____
Address: _____
City/State/Zip Code: _____, _____, _____
Phone: _____ Alt Phone: _____
Email: _____

This Good Faith Estimate is provided in accordance with the No Surprises Act for patients who are uninsured or who elect not to submit claims to insurance.

Provider: _____ Group NPI: 1215392030 EIN: 26-3748270
Expected Date of Service: _____
Location Address: _____

The following is a list of expected charges for the date listed above. The estimated costs are valid for 12 months from the date of this Good Faith Estimate.

Service	Diagnosis Code	CPT Code	Quantity	Cost per Unit	Expected Cost
				$	$
				$	$
				$	$
				$	$

Total Estimated Cost: $ _____

Important Information

- This estimate is not a guarantee of charges. This list is for services reasonably expected for your date of service. Additional services may be ordered after evaluation.
- This estimate does not include services provided by third parties (such as, but not limited to: labs, radiology interpretations, outside facility fees, and/or pathology services)

Provided to Guarantor via: ☐ in person ☐ email ☐ fax ☐ other

Estimate Prepared by: _____

Disclaimer

This Good Faith Estimate shows the costs of services that are reasonably expected for the expected services to address you/your child's health care needs. The estimate is based on the information known on the date of the estimate.

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 $400 more (per provider) than this Good Faith Estimate (GFE), you have the right to dispute the bill.

You may contact GI For Kids, PLLC at the contact listed above to let them know the billed charges are at least $400 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. This will not adversely affect the quality of health care services furnished to you by GI For Kids, PLLC.

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 dispute resolution process, visit:
www.cms.gov/nosurprises or call CMS at 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 or call CMS at 1-800-985-3059 .

This Good Faith Estimate is not a contract. It does not obligate you to accept the services listed above.

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 more than $400 than the estimate provided above.