



Good Faith Estimate Disclaimers

This Good Faith Estimate (GFE) shows the costs of items and services that are reasonably expected for your health care needs. The estimate is based on information known at the time the estimate was created.

The GFE 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 GFE, 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 GFE. You can ask them to update the bill to match the GFE, ask them to negotiate the bill, or ask if there is financial assistance available.

If you are billed more than \$400 above the amount on this GFE, 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 GFE. 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 the HHS Regional Office 877-696-6775.

For questions or more information about your right to a Good Faith Estimate or the dispute process, go to
www.cms.gov/nosurprises or call the HHS Regional Office 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.**



Good Faith Estimate of How Much You Will Pay

Today's Date: _____ Patient Name: _____

Patient DOB: _____

____ scheduled an appointment at our Heartland Health Services on DOS: _____

Time of Appt: _____ am/pm

Clinic Location (full address): _____

____ requested a Good Faith Estimate

Reason for Appointment: _____

How much you pay will depend on your income. We offer discounts off our regular charges based on a person's income and the number of people in their household. When you visit Heartland Health Services, our staff will help you determine which payment group you belong to. ***Please see the next page to learn more about our payment groups and the information you must bring to your appointment to determine which payment group you belong to.***

As of today:

____ your probable diagnosis code(s) are: _____, _____, _____ and they mean:

_____.

☒ HHS does not yet know the correct diagnosis codes for your visit.

We have checked below the services we expect you will receive during your visit. You should expect to be charged the amount listed under your payment group for each service.

	Service	Code	Charge by Payment Group				
			A	B	C	D	E
X	Medical/Behavioral Estimates	99215	\$25	\$30	\$35	\$40	\$307

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How Heartland Health Services Determines Your Payment Group

A patient's Payment Group is based on the number of people in their household and their total income, using the chart below.

Household Size	Payment Group				
	A At or Below 100%	B 101% - 133%	C 134% - 166%	D 167% - 200%	E 201% and Up
1	Below \$14,580	\$14,581 to \$19,391	\$19,392 to \$24,203	\$24,204 to \$29,160	Above \$29,160
2	Below \$19,720	\$19,721 to \$26,228	\$26,229 to \$32,735	\$32,736 to \$39,440	Above \$39,440
3	Below \$24,860	\$24,861 to \$33,064	\$33,065 to \$41,268	\$41,269 to \$49,720	Above \$49,720
4	Below \$30,000	\$30,001 to \$39,900	\$39,901 to \$49,800	\$49,801 to \$60,000	Above \$60,000
5	Below \$35,140	\$35,141 to \$46,736	\$46,737 to \$58,332	\$58,333 to \$70,280	Above \$70,280
6	Below \$40,280	\$40,281 to \$53,572	\$53,573 to \$66,865	\$66,866 to \$80,560	Above \$80,560
7	Below \$45,420	\$45,421 to \$60,409	\$60,410 to \$75,397	\$75,398 to \$90,840	Above \$90,840
8	Below \$50,560	\$50,561 to \$67,245	\$67,246 to \$83,930	\$83,931 to \$101,120	Above \$101,120

When calculating a patient's income, Heartland Health Services considers the following sources: social security income, pension/retirement income, alimony received, child support received, unemployment compensation, disability, or supplemental income (SSI), rents and/or royalties received.

If Heartland Health Services has not already assigned you to a Payment Group, or if your household income has recently changed, you must bring the following documents with you to your appointment:

- Prior 2 months – payment stubs
- Prior 2 months – bank statements
- Income Tax Return – most recent year
- Unemployment verification (benefit statement)
- Court documents (alimony and/or child support)
- Benefit letter (SSI and Social Security Recipients, Pension/Retirement Recipients)

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If you forget to bring these documents to your appointment or have any questions, call Michelle at (309) 680-7639.

Once you know your Payment Group and the services you should expect to receive, you can figure out how much you should expect to pay. Here is an example:

A patient comes in for a regular medical visit. He has 4 people in his household, and Heartland Health Services counts his total income as \$38,000. Using the chart above, he is in Payment Group "C."

Heartland Health Services charges for a regular medical visit are:

Service	Charge by Payment Group				
	A	B	C	D	E
Regular medical visit	\$25	\$30	\$35	\$40	\$150

As the patient is in Payment Group C, his charge for the medical visit is \$35.

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You have the right to receive a “Good Faith Estimate” explaining how much your medical care will cost

Beginning January 1, 2022, health care providers must give **patients who do not have insurance or who are not using insurance** an estimate of the costs associated with medical items and services.

- You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency items or services. This includes related costs like medical tests, prescription drugs, equipment, and hospital fees.
- Make sure your health care provider gives you a Good Faith Estimate in writing at least 1 business day before your medical service or item. You can also ask your health care provider, and any other provider you choose, for a Good Faith Estimate before you schedule an item or service.
- If you receive a bill that is at least \$400 more than your Good Faith Estimate, you can dispute the bill.
- Make sure to save a copy or picture of your Good Faith Estimate.

For questions or more information about your right to a Good Faith Estimate, visit www.cms.gov/nosurprises or call (877) 696-6775.

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