

Good Faith Estimate

Dear Valued Patient of Community Health Care,

Due to a new federal law, we are required to send all self-pay patients an estimate of what their charges will be for their upcoming appointment.

How much you will pay will depends on your income and numbers of persons in your household. We offer discounts for those under 200% of poverty level. This level is based on income and number of persons in the household as shown on the Sliding Fee Schedule on page 2. These are the costs for those in each payment group.

Service	Code	Charge by Payment Group				
		B	C	D	E	F
Medical, Behavioral Health, Maternity Support, and Substance Abuse	Any	\$25	\$45	\$70	\$95	\$120
Dental exam, procedure, or emergency	Any	\$45	\$95	\$105	\$115	\$125
Telehealth—care by phone or video	Any	\$10	\$20	\$30	\$40	\$50
Labs	Any	\$10	\$20	\$30	\$40	\$50

Those that are full fee do not get a discount. If you are self-pay and have not filled out a sliding fee application or your application has expired, below is the **worst-case estimate** of the charges for your appointment. The expected codes are also included.

	Code (ICD10 or CPT)	Explanation of code	Cost	Not Yet Known ✓
Medical Clinic Service	99215	Office visit	\$456	
Dental Exam	D0150/ D0210	Comprehensive exam with X-ray	\$252	
Dental Treatment	D2394	Dental Filling (4)	\$396	
Telehealth Visit	99214-95	Teleheath visit	\$285	
Behavioral Health Visit	99214	Counseling- 60 min	\$304	
Eye Exam	92004	Comprehensive Eye Exam	\$260	
Lab Tests				✓
Expected Radiology				✓

This Good Faith Estimate is based on our understanding of your needs as of today. While caring for you, our providers may recommend additional services that are not listed here. Your actual charges may vary from this estimate. This estimate is not a contract and does not require you to get services from *CHC*. If your actual charges are more than \$400 above this estimate, you can initiate a provider-patient dispute resolution process.

To do this, contact our patient advocate at 253-722-1544. Starting a dispute resolution process will not reduce the quality of health services you receive at *CHC*. *CHC*'s TIN is 91-1349657/NPI 1790762755.

COMMUNITY HEALTH CARE MEDICAL, BEHAVIORAL HEALTH, MSS AND SUBSTANCE ABUSE SLIDING FEE SCALE 2023

Slide Scale	B		C		D		E		F		A
Fed Pov Lev	0-100%		101-125%		126-150%		151-175%		176-200%		200%+
Household Size	\$25 Nominal Fee		\$45		\$70		\$95		\$120		Full Fee
1	\$0	\$14,580	\$14,581	\$18,225	\$18,226	\$21,870	\$21,871	\$25,515	\$25,516	\$29,160	\$29,161
2	\$0	\$19,720	\$19,721	\$24,650	\$24,651	\$29,580	\$29,581	\$34,510	\$34,511	\$39,440	\$39,441
3	\$0	\$24,860	\$24,861	\$31,075	\$31,076	\$37,290	\$37,291	\$43,505	\$43,506	\$49,720	\$49,721
4	\$0	\$30,000	\$30,001	\$37,500	\$37,501	\$45,000	\$45,001	\$52,500	\$52,501	\$60,000	\$60,001
5	\$0	\$35,140	\$35,141	\$43,925	\$43,926	\$52,710	\$52,711	\$61,495	\$61,496	\$70,280	\$70,281
6	\$0	\$40,280	\$40,281	\$50,350	\$50,351	\$60,420	\$60,421	\$70,490	\$70,491	\$80,560	\$80,561
7	\$0	\$45,420	\$45,421	\$56,775	\$56,776	\$68,130	\$68,131	\$79,485	\$79,486	\$90,840	\$90,841
8	\$0	\$50,560	\$50,561	\$63,200	\$63,201	\$75,840	\$75,841	\$88,480	\$88,481	\$101,120	\$101,121
9	\$0	\$55,700	\$55,701	\$69,625	\$69,626	\$83,550	\$83,551	\$97,475	\$97,476	\$111,400	\$111,401
10	\$0	\$60,840	\$60,841	\$76,050	\$76,051	\$91,260	\$91,261	\$106,470	\$106,471	\$121,680	\$121,681
11	\$0	\$65,980	\$65,981	\$82,475	\$82,476	\$98,970	\$98,971	\$115,465	\$115,466	\$131,960	\$131,961
12	\$0	\$71,120	\$71,121	\$88,900	\$88,901	\$106,680	\$106,681	\$124,460	\$124,461	\$142,240	\$142,241
13	\$0	\$76,260	\$76,261	\$95,325	\$95,326	\$114,390	\$114,391	\$133,455	\$133,456	\$152,520	\$152,521
14	\$0	\$81,400	\$81,401	\$101,750	\$101,751	\$122,100	\$122,101	\$142,450	\$142,451	\$162,800	\$162,801

Example: A household of 4 people with a total yearly income of \$20,000 (between \$0 and \$30,000), the sliding fee will be B and the cost of the visit would be \$25.

If the yearly income for the family of 4 is \$35,000 (between \$30,000 and \$37,500), the sliding fee will be C and the cost of the visit is \$45.

Application For Sliding Fee

In order to meet the requirements of our Federal grant, we must collect income information on all patients. In order to qualify for sliding fee payments (for uninsured patients and those whose insurance may not pay for all services), you must fill out the information below.

If you are uninsured, you must also meet with a staff member to determine if you qualify for insurance before your second visit.

How many people are supported by this income? _____

Use the number of persons in your family who live in the same household and who share income, food and/or rent. That number includes you, your spouse, and/or any dependents. Please list the people you have included:

NAME	RELATIONSHIP TO YOU	NAME	RELATIONSHIP TO YOU
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

How much MONTHLY gross income in your household comes from:

Employment _____	Disability _____
Unemployment _____	Pension Funds _____
Social Security _____	VA Benefits _____
Spousal Support _____	Public Assistance _____
Scholarship/Grants _____	Housing Allowance _____
Military Family Allotments _____	Other _____

TOTAL MONTHLY INCOME \$ _____

To the best of my knowledge, the information given is true and correct. I give Community Health Care permission to verify information about my financial status. I understand that I must provide proof of this information by my next visit or within 30 days (whichever is first) in order to qualify for sliding fee scale. If this information is not received, then I will be billed at full fee for the visit.

Patient or Parent/Guardian Name	Patient or Parent/Guardian Signature	Date
Patient or Parent/Guardian DOB	Staff member signature	Date

For Office Use Only:			
Annual Income \$ _____	# in Household _____	Sliding Scale Level _____	Initials _____

Insurance eligibility:

- Patient was not eligible for insurance (accept sliding fee per declaration on application and change sliding fee expiration date to 1 year from declaration)
- Patient eligibility is pending (patient has or is applying with Navigator; accept sliding fee per declaration on application and change sliding fee expiration to 1 month from date of declaration until eligibility determined); this can be extended for another month if insurance is still pending.
- Patient was eligible but chose not to accept insurance or meet with navigator (patient must bring in proof of income per policy: check stubs for past month, tax return, or other approved form)
- Patient currently has insurance or is eligible and now has insurance (sliding fee per declaration on application; change sliding fee expiration date to 1 year from declaration)
- Patient no showed or cancelled navigator appointment, was unable to enroll due to enrollment period, or chose not to accept navigator appointment (patient must bring in proof of income)

(Form is scanned into patient record)