Good Faith Estimate for Specialist Consultation

Date of Estimate: [Insert Date]

Patient Name: [Insert Patient Name]

Patient Date of Birth: [Insert DOB]

Provider Information

Specialist Name: [Insert Doctor Name]
Clinic Name: [Insert Clinic/Facility Name]
Address: [Insert Street Address, City, State, Zip]
Tax ID / NPI: [Insert Numbers]

Estimated Services

The following is an estimate of the costs for your upcoming specialist consultation. Please note that these are estimated costs based on information available at the time of scheduling.

Service Description	Service Code (CPT)	Estimated Cost
New Patient Specialist Consultation	[e.g., 99203 or 99204]	$[0.00]
[Optional: Diagnostic Test/Imaging]	[Insert Code]	$[0.00]
[Optional: Specialist Procedure]	[Insert Code]	$[0.00]
Total Estimated Out-of-Pocket Cost:		**$[0.00]**

Important Disclaimers

- This Good Faith Estimate shows the costs of items and services that are reasonably expected for your health care needs for this visit.
- The estimate is based on information known at the time the estimate was created. It does not include any unknown or unexpected costs that may arise during treatment.
- You may be charged more if complications or exceptional circumstances occur.
- This estimate is not a contract and does not require you to obtain the services from this provider.
- If your actual bill is at least $400 more than this Good Faith Estimate, you have the right to dispute the bill via the patient-provider dispute resolution process.

For questions or more information about your right to a Good Faith Estimate, visit www.cms.gov/nosurprises.