*TIN: 454960453*

**Good Faith Estimate of How Much You Will Pay**

Date: \_\_\_\_\_\_\_\_\_\_\_

On \_\_*(date)*\_\_*,* \_\_\_*(name)*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*, who was born on*\_\_\_\_\_\_*(dob)*\_\_\_\_\_\_\_\_\_\_\_:

\_\_\_ scheduled an appointment at Greater Portland Health on *(staff fill in date, time, and location).*  requested a Good Faith Estimate of how much to expect to payfor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*(purpose of visit – e.g., physical, dental cleaning)*\_\_\_\_\_\_\_ *.*

How much you will 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 Greater Portland Health, 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 diagnosis code(s) are: \_\_\_\_\_\_ and they mean: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

\_\_\_\_ GPH does not yet know does not 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 fee group for each service.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Service** | **Code** | **Charge by Payment Group** | | | | |
| **A** | **B** | **C** | **D** | **E** |
| *Greater Portland Health can pre-populate this chart with info on its most common services; then when preparing a GFE, staff can indicate which of the pre-populated services the patient will likely receive and add info on any others.* | | | | | | |
| Lab |  | $10 | $15 | $25 | $35 | You pay 100% for all services |
| Preventative Dental |  | $0 | $45 | $55 | $65 | You pay 100% for all services |
| Restorative/Other – Dental Medical |  | $0 | $45 | $55 | $65 | You pay 100% for all services |
| Medical |  | $0 | $15 | $25 | $35 | You pay 100% for all services |
| Behavioral Health |  | $0 | $15 | $25 | $35 | You pay 100% for all services |

**Important Notes:** 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 at Greater Portland Health*.* If your actual charges are more than $400 above this estimate, you can initiate a provider-patient dispute resolution process. Starting a dispute resolution process will not reduce the quality of health services you receive at Greater Portland Health

***Page 2 of sample format for GFE for use by CHCs***

**How** **Greater Portland Health 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** | **B** | **C** | **D** | **E** |
| 1 | $0 to $12,880 | $12,881 to $15,971 | $15,972 to $19,191 | $19,192 to $25,759 | Above $25,760 |
| 2 | $0 to $17,420 | $17,421 to $21,601 | $21,602 to $25,956 | $25,957 - $34,839 | Above $34,840 |
| 3 | $0 to $21,960 | $21,961 to $27,230 | $27,231 to $32,720 | $32,721 to $43,919 | Above $43,920 |
| 4 | $0 to $26,500 | $26,501 to $32,860 | $32,861 to $39,485 | $39,486 to $52,999 | Above $53,000 |
| 5 | $0 to $31,040 | $31,041 to $38,490 | $38,491 to $46,250 | $46,251 to $62, 079 | Above $62,080 |
| 6 | $0 to $35,580 | $35,581 to $44,119 | $44,120 to $53,014 | $53,015 to $71,159 | Above $71,160 |
| 7 | $0 to $40,120 | $40,121 to $49,749 | $49,750 to $59,779 | $59,780 to $80,239 | Above $80,240 |
| 8 | $0 to $44,660 | $44,661 to $55,378 | $55,379 to $66,543 | $66,544 to $89,319 | Above $89,320 |
| Over 8 Family Members? | Add $4,540 for each number | Add $5,558 for each number | Add $6,678 for each number | Add $7,844 for each number | Add $8,960 for each number |

If an organization 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:

* Proof of income (two pay stubs if bi-weekly, four pay stubs if weekly.
* Bank Statement
* Proof of Unemployment

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’s an example:

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

CHC’s charges for a regular medical visit are:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Service | Fee by Payment Group | | | | |
| A | B | C | D | E |
| Regular medical visit | $0 | $15 | $25 | $35 | You pay 100% for all services |

As the patient is in Payment Group C, his charge for the medical visit is $25.