

### **Disclaimer**

This Good Faith Estimate shows the costs of items and services that are reasonably expected for your health care needs for an item or service. The estimate is based on information known at the time the estimate was created. Your actual charges may vary from this estimate. This estimate is not a contract and does not require you to get services from Health West.

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 more than this Good Faith Estimate, 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 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.

If you are billed more than \$400 above the amount on this Good Faith Estimate, 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 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 process, go to [www.cms.gov/nosurprises](http://www.cms.gov/nosurprises) or call 1-206-615-2010.

For questions or more information about your right to a Good Faith Estimate or the dispute process, visit [www.cms.gov/nosurprises](http://www.cms.gov/nosurprises) or call 1-206-615-2010 .

**Important Note:** 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. Any lab and imaging services that you may receive are not included in this estimate and you will receive a separate bill from the outside entity. You may contact the outside entity to request pricing

## Good Faith Estimate of How Much You Will Pay

Date: [06/21/2023](#)

Alan Aguilar , who was born on 02/26/2003

- scheduled an appointment at Health West on [6/27/2023 09:40 AB 330 North Main Aberdeen, ID NPI#1295734796](#)
- scheduled recurring appointments at Health West for [Click or tap here to enter text.](#), and [Click or tap here to enter text.](#) Choose an item.
- requested a Good Faith Estimate of how much to expect to pay

For: [Immigration Physical](#)

As of today:

- your diagnosis code(s) are: [Click or tap here to enter text.](#)
- Health West does not yet know the correct diagnosis codes for your visit.

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 Health West, 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.***

We have checked below the services we expect you will receive during your visit/visits. 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
	You are in Payment Group: E						
<input type="checkbox"/>	Established Pt. Standard Office Visit	99213	\$20	\$35	\$55	\$80	\$163
<input type="checkbox"/>	Established Pt. Detailed Office Visit	99214	\$20	\$35	\$55	\$80	\$245
<input checked="" type="checkbox"/>	New Pt. Standard Office Visit	99202	\$20	\$35	\$55	\$80	\$163
<input type="checkbox"/>	New Pt. Detailed Office Visit	99203	\$20	\$35	\$55	\$80	\$237
<input type="checkbox"/>	Established Pt. Telehealth	99442	\$20	\$35	\$55	\$80	\$147
<input checked="" type="checkbox"/>	DOT		\$20	\$35	\$55	\$80	\$75
<input type="checkbox"/>	Special Services <a href="#">From - To</a>		\$20	\$35	\$55	\$80	



## How Health West 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	\$14,580	\$14,581 to \$21,870	\$21,871 to \$25,515	\$25,516 to \$29,160	\$29,161
2	\$19,720	\$19,721 to \$29,580	\$29,581 to \$34,510	\$34,511 to \$39,440	\$39,441
3	\$24,860	\$24,861 to \$37,290	\$37,291 to \$43,505	\$43,506 to \$49,720	\$49,721
4	\$30,000	\$30,001 to \$45,000	\$45,001 to \$52,500	\$52,501 to \$60,000	\$60,001
5	\$35,140	\$35,141 to \$52,710	\$52,711 to \$61,495	\$61,496 to \$70,280	\$70,281
6	\$40,280	\$40,281 to \$60,420	\$60,421 to \$70,490	\$70,491 to \$80,560	\$80,561
7	\$45,420	\$45,421 to \$68,130	\$68,131 to \$79,485	\$79,486 to \$90,840	\$90,841
8	\$50,560	\$50,561 to \$75,840	\$75,841 to \$88,480	\$88,481 to \$101,120	\$101,121

When calculating a patient's income, Health West considers the following sources to be proof-of-income: most recent pay stubs, most recent signed tax return, income statement from dividends. (This is not a full list of acceptable sources. If you are unable to obtain the above listed sources please talk to a receptionist regarding further options.)

If Health West has not already assigned you to a Payment Group, or if your household income has recently changed, you must bring proof-of-income documents with you to your appointment.

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 Health West counts his total income as \$38,000. Using the chart above, he is in Payment Group "B".

Health West's charges for a standard office visit are:

Service	Fee by Payment Group				
	A	B	C	D	E
Standard Office visit	\$20	\$35	\$55	\$80	\$163

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

