

## Good Faith Estimate for Substance Use Disorder Treatment Services

Patient Full Name Printed: \_\_\_\_\_

Patient Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Patient Identification Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

- Insurance Coverage:  Uninsured or Self Pay - Sliding Fee Scale Discount Application Level: \_\_\_\_\_
- Medicaid - MCO: \_\_\_\_\_ Provide copy of insurance card
- Medicare B Plan – Provide copy of insurance card and other information
- Other Insurance: \_\_\_\_\_ Provide copy of insurance card

Insured patients are responsible for understanding their insurance coverage, including deductibles and copays. Third party insurance coverage may vary for services. The following is a list of Substance Use Disorder (SUD) Services offered at Access Carroll only. This Good Faith Estimate is based upon financial information provided by the patient, including any proof of income for sliding fee scale discounts or insurance coverage for each office visit. Other integrated service fees, including medical, mental health and dental care, may be provided upon request. This Good Faith Estimate is valid for 12 months or when insurance status may change, at which time Access Carroll must be notified and an updated Good Faith Estimate may be provided.

ONSITE VISIT/SERVICE	MEDICAID	MEDICARE*	LEVEL A	LEVEL B	LEVEL C	LEVEL D	FULL FEE
Detox/MAT - 30 Min Visit	\$0	20% Full Fee	\$20.00	\$30.00	\$40.00	\$50.00	\$132.00
Detox/MAT - 45 Min Visit	\$0	20% Full Fee	\$20.00	\$30.00	\$40.00	\$50.00	\$194.00
Detox/MAT - 60 Min Visit	\$0	20% Full Fee	\$20.00	\$30.00	\$40.00	\$50.00	\$256.00
Urine Drug Screen**	\$0	20% Full Fee	\$0	\$0	\$0	\$0	\$25.00
Breathalyzer	\$0	20% Full Fee	\$0	\$0	\$0	\$0	\$20.00
Withdrawal Screening	\$0	20% Full Fee	\$0	\$0	\$0	\$0	\$40 - \$82
SUD (BHI) Assessment	\$0	\$170.00	\$20.00	\$30.00	\$40.00	\$50.00	\$170.00
SUD Individual / 15 min	\$0	\$30.00 / 15	\$20.00	\$30.00	\$40.00	\$50.00	\$30.00 / 15
SUD Group	\$0	\$60.00 / Grp	\$20.00	\$30.00	\$40.00	\$50.00	\$60.00 / Grp
SUD Group IOP / Day	\$0	\$140 / Day	\$20.00	\$30.00	\$40.00	\$50.00	\$140 / Day
SUD Family Counseling	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Psychiatry Evaluation	\$0	20% Full Fee	\$20.00	\$30.00	\$40.00	\$50.00	\$230.00
Psychiatry – 30 min Visit	\$0	20% Full Fee	\$20.00	\$30.00	\$40.00	\$50.00	\$132.00
Psychiatry – 60 min Visit	\$0	20% Full Fee	\$20.00	\$30.00	\$40.00	\$50.00	\$256.00

\*Medicare recipients are also responsible for annual deductible. \*\*Offsite laboratory services require additional estimates.

Date of Good Faith Estimate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Valid Until: \_\_\_\_/\_\_\_\_/\_\_\_\_ Staff Initials: \_\_\_\_\_

- This information was provided to patient via:  Phone  In-Person/Hard Copy  Patient Portal
- Email  Mail  Patient Handbook  Website

I acknowledge having received this Good Faith Estimate. (Staff confirm if provided via phone or virtually.)

Patient/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**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. 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 \$400.00 or more than your 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. You may 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 full price on the Good Faith Estimate. If the agency disagrees with you and agrees with the healthcare 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 877-696-6775.

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 877-696-6775.