

Viewing a Patient Estimate

1. Estimated Patient Responsibility (EPR) is the **Green Dollar Amount** at the top of the estimate
2. Data Type indicates the date the last 837 Claims File was uploaded to Experian
3. Overview of the patient and insurance information used to value the estimate
4. Account notes can be entered, and are for internal use only - they do NOT print on the estimate
5. Printed notes will print on the estimate given to the patient
6. Click Update Notes to save account and printed notes
7. Change Diagnosis Code must be selected for Self-Pay patients
8. Change Procedure Code can be used to update procedure codes, but the estimate must be recalculated

The screenshot shows the 'Step 2: Estimate Results' screen. At the top, there are two steps: 'Step 1: Pick Procedures' (with a green checkmark) and 'Step 2: Estimate Results' (with a green checkmark). The estimated amount is \$60.00. A 'Data Type - Last Load Date' box shows '837 (Claims) - 2/12/2024'. The patient information section includes fields for Patient Name, Insurance (Blue Cross OOS - 12696714), Account Number, Status (Verified), Subscriber Number, Processed On (02/14/2024 7:36:00 PM), and Eligibility Transaction (20240214-52950619). There are two text areas for 'account notes' and 'printed notes'. Below these are buttons for 'Update Notes', 'Change Diagnosis Code', and 'Change Procedure Code'. The 'Change Diagnosis Code' button is highlighted with a red circle 7. The 'Change Procedure Code' button is highlighted with a red circle 8. The 'Update Notes' button is highlighted with a red circle 6. The 'account notes' field is highlighted with a red circle 4, and the 'printed notes' field is highlighted with a red circle 5. The 'Data Type' box is highlighted with a red circle 2. The 'Estimate Results' header is highlighted with a red circle 1. The 'Account Number' field is highlighted with a red circle 3.

eCare NEXT Patient Estimates Results for Clerical Staff

Experian eCare NEXT EDUCATION

Services and Benefits:

9. The Svc Charge is the full price of the procedure in the Charge Description Master (CDM)
10. The Adj Charge is the insurance contracted rate
 - a. Click the orange i icon to view additional details
11. Quantity may be adjusted as needed
12. Total is the Adj Charge multiplied by the Quantity
13. Fields containing NA, a ?, or are blank indicate that the eligibility response did not contain information for that benefit category
14. Fields with a bold black box around them indicate that those benefits are being applied to the estimate; gray boxes are not used to calculate the estimate
15. Click the Recalculate button if changes have been made to the estimate information
16. Click the information icon to display the Estimate Explanation
17. Click Print Estimate to generate a PDF of the estimate

The screenshot displays the 'Services' and 'Benefits' sections of the eCare NEXT Patient Estimates Results interface. The 'Services' table shows a single service: Professional Office Visit (Charge Code 99214) with a Svc Charge of \$561.00 and an Adj Charge of \$373.35. The 'Benefits' section shows various fields for Payer, Total Adj Charges, Co-Pay, Co-Insurance, Individual Deductible, and Family Deductible. The Co-Pay field is highlighted with a red box and callout 14. The Individual Deductible field is highlighted with a red box and callout 13. The Estimated Patient Responsibility field is highlighted with a red box and callout 16. An 'Estimate Explanation for Professional Office Visit' pop-up window is shown, detailing the calculation of the estimate, including Insurance Adjusted Charges, Individual Deductible Remaining, Original Copay Amount, and Co-Pay. The 'Recalculate' button is highlighted with callout 15, and the 'Print Estimate' button is highlighted with callout 17.

If a field has no data but is being used to calculate the estimate, it will appear in red.

Representative Script includes a reminder that the patient is being provided with an estimate NOT a guarantee of final billed charges:

18. Read the Script to the patient
19. Click Yes, I read the script to the patient
20. The reference number is located at the bottom of every estimate
 - a. The Reference # helps identify estimates and locate them in the eCare NEXT Shade Menu for 60 days from the encounter date of service. Historical estimates can also be found in Revenue Cycle at the encounter level.

Representative Script Script Language: English ▾

– We are providing you this estimate to financially prepare you for your medical service.

– This estimate is not a guarantee of final billed charges or what your final out of pocket expense may be.

– Your insurance benefit information (if patient is insured) is based on information provided by your insurance company as of the date of this estimate. Insurance benefits and eligibility are subject to change and are not a guarantee of what your insurance will pay.

Yes, I read this script to the patient

Reference #: L7NQ9M5Z
 Estimate run by Judy Malak
 This estimate completed in 5.970 seconds

Printed Estimate - Page 1 (of 2) for Insured Patient

Estimate ID: 8N76D1R0

Prepared for:

Account Number: [REDACTED]
 Med Rec No: [REDACTED]
 Patient Type: Professional Office Visit
 Date of Service: 2/14/2024
 Payer Name: Blue Cross OOS
 Facility NPI: 1508390741
 Facility Tax ID: 381362830

Munson Provider Network

Anticipated Services

Professional Procedures			Total Charges	Negotiated Payer Rate	Line Item Total
Benefit Category	Units	# of Visits	Services		
Professional Office Visit	1	1	99214 - Office Visit Level 4 Est 99214 POS Consists of 3 individual visits starting 02/14/2024 to 02/28/2024	\$561.00	\$373.35
				Estimated Payer Reimbursement \$373.35	

Estimated Patient Responsibility

COB	Benefit Category	Negotiated Rate	Deductible Remaining	Co-Pay	Co-Insurance	Out of Pocket Remaining	Estimated Patient Responsibility
Primary	Professional Office Visit	\$373.35	NA	\$20.00	\$0.00 (NA%)	NA	\$60.00
							Total \$60.00

Based on the services estimated and your insurances benefits, it is estimated that you will owe \$60.00 for your services.

Created On 2/14/2024 by Judy Malak

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Printed Estimate – Page 2 (of 2) for Insured Patient

Projected Estimate for Services
 Thank you for choosing Munson Provider Network for your health care. We hope this Projected Estimate helps you plan for all the health services that you need. Here are some common questions that patients have about the estimated cost of their service(s).

How was this estimate decided?
 This is how we determined the amount you owe:
 $(\text{Expected Payment} - \text{Remaining Deductible} - \text{Copay}) \times \text{Coinsurance\%} = \text{Coinsurance Amount}$
 $\text{Remaining Deductible} + \text{Copay} + \text{Coinsurance} = \text{Amount You Owe}$

How do I know if this estimate is correct?
 The amount you owe is a good faith estimate based on the information known at the time the service(s) you need were requested. This information may have been given by you, your doctor and/or your insurer.

Does my insurance plan cover the service(s)?
 Before having the services, please contact your insurance company to find out what is covered under your plan. After you have the services, your insurance company will review your claim. They will decide if you qualify and if the services are covered under your plan. You will need to pay for any services not covered under your plan.

What if I change insurance or my insurance doesn't cover this care?
 This projected estimate is only valid for the insurance you provided. If you change insurance companies or policy, you will need to contact us for a new projected estimate. Projected Estimates vary based on the insurance plan coverage. If you are not covered by insurance or become uninsured, we can offer our assistance to help you to sign up for insurance under the Affordable Care Act or connect you to other programs you may qualify for based on need.

Does this estimate show the final amount of the service(s)?
 The actual amounts for the service(s) you need are likely to change based upon: your needs at the time of the service; treatment or services your doctor wants you to have during the visit; and other information provided by your insurer. Your doctor or doctors connected with the hospital may also send you a bill for treatment or services they provide. The costs of these are not part of this estimate. Ask your doctor's business office what these costs might be.

What about my privacy?
 This estimate may contain private information that is legally protected. It's only for you to use. If you are not the patient, you need to know that sharing, copying, or acting on this information is against the law.

Definitions

Negotiated Rate:	The estimated rate your insurance company has agreed to pay for each service provided (less remaining deductible, co-insurance or co-pay).
Visit Co-Pay:	The amount which your insurance company expects you to pay upon each visit.
Deductible:	The amount you have to pay each year before your plan starts paying benefits.
Co-Insurance:	The percentage of the amount covered that your insurance requires you to pay.
Out of Pocket:	The amount your insurance company requires you to satisfy before you are no longer subject to co-insurance.
Your Responsibility:	The estimated amount you will be responsible for paying.

Notes to the Patient:

Disclaimer:
 The information provided is an estimate and is not a guarantee of final billed charges. Final billed charges may vary from estimates for many reasons, among them are the patient's medical condition, unknown circumstances or complications, final diagnosis and recommended treatment ordered by the physician. Third-Party fees, such as physician, radiologist, anesthesiologist and pathologist fees may not be included in this estimate. Insurance benefit information (where applicable) is based on information provided by your insurance company as of the date of this estimate. Benefits and eligibility are subject to change and are not a guarantee of payment.

Created On 2/14/2024 by Judy Malak Page:2 of 2

Printed Estimate PDF - Page 1 (of 4) for Self-Pay Patient

Estimate ID: [REDACTED]

Patient Information:

Patient Type: Scheduled Service Date: 4/3/2024
 Payer Name: Self-Pay
 Facility Name: Munson Provider Network
 Facility Address: 1105 6th Street
 Traverse City, MI 49684
 Facility NPI: 1508390741
 Facility TIN: 381362830

Munson Provider Network

Anticipated Services
 Primary Procedure Code: 99214
 Primary Procedure Description: Office Visit Level 4 Est 99214

Professional Procedures						
Benefit Category	Units	# of Visits	Services	Provider Name & NPI	Total Charges	Self-Pay Rate
Professional Office Visit	1	1	99214 - R05.1 - Office Visit Level 4 Est 99214	ADRIAN SMITH - 1538375076	\$112.00	\$95.20
Self-Pay Total:						\$95.20

Based on the services listed, it is estimated that you will owe \$95.20 for your services.

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Printed Estimate PDF - Page 2 (of 4) for Self-Pay Patient

Provider Charge Breakdown						
Provider Name	NPI	Tax ID	CPT/HCPCS	CPT/HCPCS Description	Line Item Total	Sub Total
ADRIAN SMITH	1538375076		99214	Office Visit Level 4 Est 99214	\$95.20	\$95.20
					Total : \$95.20	

Notes to the Patient:

If noted above, this list contains items or services that are anticipated to require separate scheduling and are expected to occur before or following the expected period of care for the primary item or service. Separate good faith estimates will be issued to an individual upon scheduling or upon request of items or services included in the above list. Information such as diagnosis codes, service codes, expected charges, and provider or facility identifiers may not be included for items or services included in this list because that information will be provided in a separate good faith estimate upon scheduling of such items or services upon request. Please contact 1-231-935-6199 for additional information.

Ongoing Services: For healthcare items/services listed in the 'Ongoing Services' section above, separate good faith estimates will be issued upon scheduling or request. Specific information such as the names and identifiers for the providers or facilities that may furnish the services, diagnosis codes (if required for the calculation of the GFE), service codes, and expected charges will be provided in separate good faith estimates once these items or services are scheduled (or upon request).

Required Disclaimers:

This Good Faith Estimate shows the estimated 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 and is subject to change.

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, and your bill is \$400 or more for any provider or facility than your Good Faith Estimate for that provider or facility, federal law allows you to dispute (appeal) the bill.

If you are billed for more than this Good Faith Estimate, you may 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

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Printed Estimate PDF - Page 3 (of 4) for Self-Pay Patient

bill, or ask if there is financial assistance available.

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.

If you dispute your bill, the provider or facility cannot move the bill for the disputed item or service into collection or threaten to do so, or if the bill has already moved into collection, the provider or facility has to cease collection efforts. The provider or facility must also suspend the accrual of any late fees on unpaid bill amounts until after the dispute resolution process has concluded. The provider or facility cannot take or threaten to take any retributive action against you for disputing your bill.

There is a \$25 fee to use the dispute process. If the Selected Dispute Resolution (SDR) entity reviewing your dispute agrees with you, you will have to pay the price on this Good Faith Estimate, reduced by the \$25 fee. If the SDR entity 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/consumers, or call 1-800-985-3059.

For questions or more information about your right to a Good Faith Estimate or the dispute process, visit www.cms.gov/nosurprises/consumers, email FederalPPDRQuestions@cms.hhs.gov, or call 1-800-985-3059.

Keep a copy of this Good Faith Estimate in a safe place or take pictures of it. You may need it if you are billed a higher amount.

PRIVACY ACT STATEMENT: CMS is authorized to collect the information on this form and any supporting documentation under section 2799B-7 of the Public Health Service Act, as added by section 112 of the No Surprises Act, title I of Division BB of the Consolidated Appropriations Act, 2021 (Pub. L. 116-260). We need the information on the form to process your request to initiate a payment dispute, verify the eligibility of your dispute for the PPDR process, and to determine whether any conflict of interest exists with the independent dispute resolution entity selected to decide your dispute. The information may also be used to: (1) support a decision on your dispute; (2) support the ongoing operation and oversight of the PPDR program; (3) evaluate selected IDR entity's compliance with program rules. Providing the requested information is voluntary. But failing to provide it may delay or prevent processing of your dispute, or it could cause your dispute to be decided in favor of the provider or facility.

The good faith estimate is not a contract and does not require you to obtain the items or services from any of the providers or facilities identified in this good faith estimate.

The initiation of the patient-provider dispute resolution process will not adversely affect the quality of health care services furnished to an uninsured (or self-pay) individual by a provider or facility.

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Printed Estimate PDF - Page 4 (of 4) for Self-Pay Patient

Projected Good Faith Estimate

Thank you for choosing Munson Provider Network for your health care. We hope this Projected Estimate helps you plan for all the health services that you need. Here are some common questions that patients have about the estimated cost of their service(s).

How do I know if this estimate is correct?

The amount you owe is a good faith estimate based on the information known at the time the service(s) you need were requested. This information may have been given by you, your doctor and/or your insurer.

Does this estimate show the final amount of the service(s)?

The actual amounts for the service(s) you need are likely to change based upon: your needs at the time of the service; treatment or services your doctor wants you to have during the visit; and other information provided by your insurer.

What about my privacy?

This estimate may contain private information that is legally protected. It's only for you to use. If you are not the patient, you need to know that sharing, copying, or acting on this information is against the law.

Notice:

The information provided is an estimate and is not a guarantee of final billed charges. Final billed charges may vary from the estimates for many reasons, among them are the patient's medical condition, unknown circumstances or complications, final diagnosis and recommended treatment ordered by the physician.