

GOOD FAITH ESTIMATE NOTICE

Last modified: March 9, 2026

Right to Receive a Good Faith Estimate of Expected Charges

You have the right to receive a “Good Faith Estimate” explaining how much your health care will cost

Under the law, health care providers need to give **patients who don’t have certain types of health care coverage or who are not using certain types of health care coverage** an estimate of their bill for health care items and services before those items or services are provided.

- You have the right to receive a Good Faith Estimate for the total expected cost of any health care items or services upon request or when scheduling such items or services. This includes related costs like medical tests, prescription drugs, equipment, and hospital fees.
 - If you schedule a health care item or service at least 3 business days in advance, make sure your health care provider or facility gives you a Good Faith Estimate in writing within 1 business day after scheduling.
 - If you schedule a health care item or service at least 10 business days in advance, make sure your health care provider or facility gives you a Good Faith Estimate in writing within 3 business days after scheduling.
 - You can also ask any health care provider or facility for a Good Faith Estimate before you schedule an item or service. If you do, make sure the health care provider or facility gives you a Good Faith Estimate in writing within 3 business days after you ask.

- If you receive a bill that is at least \$400 for any provider or facility than your Good Faith Estimate from that provider or facility, you can dispute the bill.

For questions or more information about your right to a Good Faith Estimate, visit www.cms.gov/nosurprises/consumers, email FederalPPDRQuestions@cms.hhs.gov, or call [1-800-985-3059](tel:1-800-985-3059).

Prices for Common Healthcare Services We Provide

CPT CODE	DESCRIPTION	COST
99213	Office Visit Est – low level	\$155
99214	Office Visit Est – moderate level	\$218
99215	Office Visit Est – high level	\$307
99396	Preventative Visits age 40-64	\$200
G0439	Annual Medicare Wellness Visit, Subsequent	\$223
G2211	Longitudinal Care	\$25
36415	Routine Venipuncture	\$10
81002	Urinalysis	\$5
93000	Electrocardiogram	\$35
76882	Ultrasound, limited	\$99
90471	Immunization Administration	\$37
90461	Immunization Administration, each additional	\$23

90686	Influenza Immunization, 3-64 years	\$37
96127	Emotional/Behavioral Assessment	\$25
J3301	Triamcinolone Acetonide Injection	\$5 per unit

The health care price for any given health care service is an estimate. The actual charges for health care services are dependent on the circumstances at the time the service is rendered.

If you are covered by health insurance, you are strongly encouraged to consult with your health insurer to determine accurate information about your financial responsibility for a particular health service provided by a health care provider at this office. If you are not covered by health insurance, you are strongly encouraged to contact our billing office at 303-772-5578 to discuss payment options prior to receiving a health care service from a health care provider at this office since posted health care prices may not reflect the actual amount of your financial responsibility.