



Good Faith Estimate of How Much You Will Pay

Date: _____

On (date) , (name) , (dob) :

_____ scheduled an appointment at our CHC on (staff fill in date, time, and location) .

_____ requested a Good Faith Estimate of how much to expect to pay

for (purpose of visit – e.g., physical, OB/GYN, etc) .

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 Wahiawa 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: _____.

_____ CHC 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. For established patients, this estimate is based on financial information on file with the sliding fee discount and actual charges may differ based on changes in the individual’s family size or financial circumstances.

	Service	Code	Charge by Payment Group				
			A	B	C	D	E
	<i>CHC 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.</i>						
	Regular medical visit	99215	\$10	\$45	\$80	\$115	\$150
	45-minute behavioral health visit	90837	\$10	\$40	\$70	\$100	\$130

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 WH. If your actual charges are more than \$400 above this estimate, you can initiate a provider-patient dispute resolution process. You can learn how to start this process by contacting the Billing Office at 808-940-1188. Starting a dispute resolution process will not reduce the quality of health services you receive at WH.

How CHC 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	Below \$12,880	\$12,881 to \$17,173	\$17,174 to \$21,458	\$21,458 to \$25,760	Above \$25,760
2	Below \$17,420	\$17,421 to \$23,227	\$23,228 to \$29,022	\$29,022 - \$34,840	Above \$34,840
3	Below \$21,960	\$21,960 to \$29,280	\$29,281 to \$36,585	\$36,585 to \$43,920	Above \$43,920
4	Below \$26,500	\$26,500 to \$35,333	\$35,334 to \$44,149	\$44,149 to \$53,000	Above \$53,000
5	Below \$31,040	\$31,040 to \$41,387	\$41,388 to \$51,713	\$51,713 to \$62,080	Above \$62,080

When calculating a patient’s income, Wahiawa Health considers the following sources of income to include job earnings: please furnish any and all documents related to unemployment compensation, workers’ compensation, Social Security, Supplemental Security income, public assistance, veterans’ payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources.

- Prior year W-2 or Form 4506-T (if W-2 not filed)
- 2 most recent pay stubs
- Letter from an employer
- Self-employed – details of the 3 most recent months of income and expenses for business

If you forget to bring these documents to your appointment, please bring them to the clinic no later than 3 days after 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 WH counts his total income as \$38,000. Using the chart above, he is in Payment Group “C”. WH’s charges for a regular medical visit are: Payment Group C, a medical visit is \$80.

Service	Fee by Payment Group				
	A	B	C	D	E
Regular medical visit	\$10	\$45	\$80	\$115	\$150

Wahiawa Health also offers Sliding Fee Discounts for certain income levels and may only charge a nominal fee to eligible patients based on annual income and family size. No patient is denied services based on an inability to pay, even if it means reducing or waiving costs (if applicable). See the below categories based on monthly or annual income. Please apply for the sliding fee discount program if you believe you are eligible.

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

Sample Schedule of Expected Charges²

	100% FPL and Under	101 - 135% FPL	136 - 150% FPL	151 - 200% FPL	Above 200% FPL
New Patient Visit (with Exam)	\$10	\$20	\$30	\$40	\$200
Routine Lab Work	\$5	\$7	\$10	\$13	\$25
Expected Total Cost	\$15	\$27	\$40	\$53	\$225

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

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.

Wahiawa Health
 302 California Ave
 Wahiawa, Hi 96786
 National Provider Identifier (NPI):
 Taxpayer Identification Number (TIN):
 Facility Contact: Nancy Talana, Billing Manager 808-940-1188
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