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GOOD FAITH ESTIMATE – GENERAL INFORMATION

A “good faith estimate” is required by the “No Surprises Act” for self-pay, out-of-network and uninsured patients. If you are in one of the categories, please inform our front office staff so they may provide you with an estimate for your review prior to services being rendered. The estimate only applies to the visit for your concern. Should you have additional concerns addressed with the provider, the estimate may be impacted. Should you need additional follow-up examinations, visits or diagnostic testing, you may have additional charges that are outside this estimate. In the estimate are the most common diagnostic testing that are associated with the general problem list. Your provider will not be able to completely determine the necessary diagnostic testing until your visit.

Please note additional laboratory exams, known as “reflex tests,” for abnormality confirmations may be performed by the lab. Additional charges may apply after the visit. Applicable discounts will be applied. * Diagnostic testing is at the discretion of the provider. Patients have a right to consent to the tests, however, should the provider determine that a specific test needs to be completed, prior to prescription medication management, the test needs to be completed prior to the provider prescribing or refilling a medication.

For visit charges, that include time, please note that, under guidelines, time for the visit includes the total time the provider spends on your visit. This includes face time with the patient, documentation, records review, Board of Pharmacy review, test interpretation, consultation with another provider, discussed with the patient’s family/guardian, etc. Should the total time the provider spends on your visit, additional time is considered in additional 30-minute increments.

**Please note that the specific diagnosis code(s) (ICD 10) cannot be provided, with any certainty, until after the provider performs an assessment, examination, and applicable diagnostic testing. As there are 73,000 specific diagnosis codes, it is unreasonable to provide a specific diagnosis code for the general concerns you

may have. The diagnosis codes themselves do not impact the services provided and, therefore, the estimate. The services provided are based on the examination and medical decision making of the provider treating you.

***WHA Self Pay/Discount Information:**

Women's Health Associates (WHA) recognizes the financial impact of healthcare costs on an individual and believes in providing affordable services to our patients/families. As such, we have a "self-pay" program to work with our patients in their health care bills. WHA's self-pay program offers two (2) types of discounts:

- **At time of service** – WHA will offer 50% discount, to applicable services, to any patient that pays in full at time of service.
 - For items or services that have a direct cost associated with them (i.e., hormone pellets, immunizations, medications, laboratory exams, specific equipment/durable medical equipment, etc.), the discount may be less, and the discount will be applied up to ensure direct costs are covered.
- **Payment plans** – WHA tries to be flexible with payment arrangements to assist patients with their cash flow needs, etc. Therefore, a patient that is "self-pay" but unable to pay in full at time of service, a 25% discount will be applied to applicable services.
 - For items or services that have a direct cost associated with them (i.e., hormone pellets, immunizations, medications, laboratory exams, specific equipment/durable medical equipment, etc.), the discount may be less, and the discount will be applied up to ensure direct costs are covered.
 - WHA does require 50% payment of the discounted fee at the time of service up to 100.00.
 - For specific devices (i.e. NovaSure®, MyoSure®, contraceptive devices, specialty labs, etc.), a higher deposit may be required to cover WHA's direct cost.

Other Program Guidelines and Information

- WHA has a Flexible Payment Plan Program for patients. The Flexible Payment Plan Program Agreement is on the final page of this packet. The Flexible Payment Plan Program is for both self-pay and insured patients.
- For laboratory services, it is possible that once running the ordered test a “reflex” or “add-on” test may be necessary as part of diagnosis and treatment. Should one of these tests occur, the applicable discount will be applied.
 - Most commonly, this occurs with urine or wound cultures as a antibiotic susceptibility and identification needs to be performed to ensure proper treatment against resistant strains.
- Self-pay patient balances are considered ready for 3rd party collection actions when:
 - A monthly payment is missed without any communication to WHA’s Billing Department, arrangements made, and 30 days have passed since last statement.
 - Returned mail in which WHA is unable to reach the patient/guarantor for an updated address and no payment has been made or arranged within 30 days of the due date.
 - Returned check or credit card payment for insufficient funds and WHA is unable to reach the patient/guarantor for an updated address and no payment has been made or arranged within 30 days of the due date.
- Any self-pay patient balance that is transferred to a 3rd party collection agency will have any discounts removed. The balance transferred to the 3rd party collection agency will be WHA’s full fee minus any payments that have been made.
- Patients that are utilizing WHAs self-pay program must provide the following, in addition to regular registration information:
 - Full legal name and date of birth
 - Valid/Current Driver’s License
 - Social Security Number
- By 3rd party payer contracts/requirements, self-pay discounts cannot be applied to a patient/guarantor’s, in-network out of pocket costs (deductible, coinsurance, copay, cost share). Should a patient/guarantor choose to utilize WHA’s Self-Pay Program, insurance cannot be billed. WHA has a separate election form required for this process.
- Under the “No Surprise Act,” patients have a right to receive a *Good Faith Estimate* prior to receiving services. This estimate can be obtained from WHA prior to services being rendered, except in an emergency/urgent situation.
- WHA’s Self-Pay Program only applies to services rendered and billed by WHA. It does not include any services that are billed by an imaging center, hospital, pathology service, radiology group, anesthesia service, etc.

Disclaimers

This Good Faith Estimate shows the costs of items and services that are 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 is NOT a contract and does not require the self-pay individual to obtain the items and services listed from WHA.

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 exceptional circumstances occur. If this happens, federal law allows you to dispute (appeal) the bill, if billed charges are greater than \$400.00 more than on the Good Faith Estimate, you may dispute bill as outlined below.

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.

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 \$25.00 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.

For questions or more information about your right to a Good Faith Estimate or the dispute process, visit www.cms.gov/nosurprises.

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.

The Idaho Patient Act requires that healthcare providers provide a “*Consolidated Summary*,” in writing, that provides names and contact information of other entities that may bill you as part of your services received by Women’s Health Associates. Please remember that if you are referred to an outside provider or facility for services (i.e., imaging, labs, surgery, evaluations, physical therapy, consults, etc.), these services are handled through those respective billing departments. Please keep this document for your records and contact your insurance company or these organizations directly with any concerns.

- Laboratory Services
 - Primary Laboratory
 - Treasure Valley Laboratory (5475 Bethel St | Boise, ID 83706 | 208-367-6392)
 - Alternate Laboratory(s)
 - ExpressLab (7988 W Marigold St. Ste 150 | Boise, ID 83714 | 208-529-8330)
 - InterPath Laboratory (2460 SW Perkins Ave. | Pendleton, OR 97801 | 866-289-4093)
 - St. Luke’s Laboratory (190 E. Bannock St | Boise, ID 83712 | 208-706-2333 -billing)
 - Boise Pathology Group (190 E. Bannock St | Boise, ID 83712 | 208-381-2378)
 - St. Alphonsus Laboratory (1055 N Curtis Road | Boise, ID 83706 | 208-367-2130 -billing)
 - Doctor’s Data, Inc. (3755 Illinois Ave | St. Charles, IL 60147 1-800-323-2784)
 - Natera, Inc. (13011 McCallen Pass Bldg A Ste 100 | Austin, TX 78753 | 510-826-3572)
 - Vikor Scientific, LLC (22 WestEdge Street 8th Floor | Charleston, SC 29403 | 854-429-1069)
 - Cardiac Event Monitoring
 - BardyDx (PO Box 74968 | Chicago, IL 60675 | 844-341-1491)