

# Good Faith Estimate

This Good Faith Estimate shows the costs of items and services that are reasonably expected for your health care needs. The estimate is based on information known at the time the estimate was created, and does not include any unknown or unexpected costs that may arise during treatment. You could be charged more if complications or special circumstances occur.

## Uninsured/Self-Pay rates:

### Basic Medical Exams:

New Patient Visit \$180-\$564  
Established Patient \$143-\$461  
Annual Physical \$331-\$535

### OB Visits:

Initial Pre-Natal \$461  
Pre-Natal \$324  
Post-Partum \$228

### Behavioral Health Visits:

Initial Visit \$412-\$479  
30 Minute Session \$204  
45 Minute Session \$271  
60 Minute Session \$397

### Newborn-Hospital Visits:

H&P of Normal Newborn \$192  
Subsequent Care \$120  
H&P and Discharge \$203

**Immunizations:** \$5-\$25 (Adults may have additional cost of the vaccine)

## Sliding Scale Discount rates:

Lamprey Health Care provides a Sliding Fee Scale discount from our regular rates to eligible patients who apply and are approved. Eligibility is based upon the Federal Poverty Guidelines, household income and number of family members supported within the household.

<b>Basic Medical Exams and Behavioral Health:</b>			
<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Level 4</b>
\$15	\$25	\$50	\$60

## Insured patients:

If you have insurance coverage, please check your benefits with your insurance carrier to determine your out-of-pocket costs, if any.

**If you are billed for more than \$400 over the estimated cost provided in good faith, you have the right to dispute the bill.**

You may request a printed copy of this Good Faith Estimate when you arrive for your appointment.

If you have any questions about your estimated costs, or you need a printed copy of the Good Faith Estimate please contact our billing office at (603) 292-7291.