

Amber Wellness Group – No Surprise Billing Protection Form

The purpose of this document is to let you know about your protections from unexpected medical bills. It also asks whether you would like to give up those protections and pay more for out-of-network care.

For those patients not contracted with insurance or choosing not to use their benefits, you have the option to pay our discounted Self-pay rate at the time of service. If you ask us to bill on your behalf, regardless of network status, this document covers the amounts that will be billed. We cannot do retro-active billing if the date of service has passed.

IMPORTANT: You aren't required to sign this form and shouldn't sign it if you didn't have a choice of health care provider when you received care. You can choose to get care from a provider or facility in your health plan's network, which may cost you less.

- If you'd like assistance with this document, ask your provider or a patient advocate. Take a picture and/or keep a copy of this form for your records.
- You're getting this notice because this provider or facility isn't in your health plan's network. This means the provider or facility doesn't have an agreement with your plan.
- Getting care from this provider or facility could cost you more.

If your plan covers the item or service you're getting, federal law protects you from higher bills:

- When you get emergency care from out-of-network providers and facilities, or
- When an out-of-network provider treats you at an in-network hospital or ambulatory surgical center without your knowledge or consent.

Ask your health care provider or patient advocate if you need help knowing if these protections apply to you.

- If you sign this form, you may pay more because:
You are giving up your protections under the law.
- You may owe the full costs billed for items and services received.
- Your health plan might not count any of the amount you pay towards your deductible and out-of-pocket limit. Contact your health plan for more information.

You **shouldn't** sign this form if you **didn't** have a choice of providers when receiving care.

- For example, if a doctor was assigned to you with no opportunity to make a change.
- Before deciding whether to sign this form, you can contact your health plan to find an in-network provider or facility. If there isn't one, your health plan might work out an agreement with this provider or facility, or another one.

Total cost estimate of what you may be asked to pay:

► **Review your detailed estimate.** See Page 3 for a cost estimate for each item or service you'll get.

► **Call your health plan.** Your plan may have better information about how much you will be asked to pay. You can ask about what's covered under your plan and your provider options.

► **Questions about this notice and estimate?** Call Michelle at Amber Wellness Group 971-319-0045

► **Questions about your rights?** Contact 1-800-MEDICARE (1-800-633-4227) or visit [cms.gov/nosurprises](https://www.cms.gov/nosurprises)

More details about your estimate

The amount below is only an estimate; it isn't an offer or contract for services. This estimate shows the full estimated costs of the items or services listed. It doesn't include any information about what your health plan may cover.

This means that the final cost of services may be different than this estimate. Contact your health plan to find out how much, if any, your plan will pay and how much you may have to pay.

Date of Service	Service Code	Description	Estimated Amount to be Billed
	99215	Return Patient office visit (40 min w/ 15 min charting total 55 min)	\$300
	99205	New Patient office visit (60 min w/ 15 min charting total 75 min)	\$400
	99417 or G2212	Patient care: this code is billed in 15 minute increments (additional time exceeding the 55 minutes for return patient and 75 minutes on new patient): Intake form review, Lab/imaging review, research, charting, direct patient care, prescription ordering, PT, consulting w/ other providers, treatment plan and patient communication and any other patient specific care.	\$100 per unit up to 4 units
	97140	Physical Therapy: billed in 15-minute increments	\$100
	99214	Return Patient office visit (20 min w/ 10-19 min charting total 39 min)	\$250
	99204	New Patient office visit (30 min w/ 15 min charting total 45 min)	\$300
	99446	e-consult – billed for cumulative 5-10 minutes of patient communication (medical consultative discussion and review) over 1 weeks' time.	\$50
	99447	e-consult – billed for cumulative 11-20 minutes of patient communication (medical consultative discussion and review) over 1 weeks' time.	\$50
	99448	e-consult – billed for cumulative 21-30 minutes of patient communication (medical consultative discussion and review) over 1 weeks' time.	\$50
	99449	e-consult – billed for consecutive over -31 minutes of patient communication (medical consultative discussion and review) over 1 weeks' time.	\$50
Total Estimate of what you may owe:			