pathology consultants PC

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National Provider Identifier: 1801834361

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Tax ID: 93-1280606

Good Faith Estimate for Health Care Items and Services

Patient

_____

Patient First Name Middle Name Last

DOB _____

_____

Patient Address

_____

City State Zip Code

Phone Number: _____ Email Address: _____

Patient's Contact Preference ☐ Mail ☐ Email ☐ Phone

Patient Diagnosis or Notes:

_____

Primary Service or Item Requested/Scheduled (Completed Internally)

Case Number _____

Diagnosis:

_____

Date of Scheduled Appt.:

_____

Date of Good Faith Estimate:

_____

Is this a send out? (Special instructions)

_____

Amount of Estimate:

_____

Good Faith Estimate for Uninsured or Self-pay Individuals for Clinic Procedures

Fine needle aspiration procedures

Usual Charges per Specimen

Fee	CPT	Description
$ 320.00	10005	Fine needle aspiration biopsy with ultrasound-guidance
$ 120.00	88172	Pathologist review for specimen adequacy
$ 320.00	88173	Pathologist interpretation of fine needle aspiration
$ 255.00	76536	Ultrasound examination and interpretation by pathologist
$1,015.00		

Other Potential Charges:

Fee	CPT	Description
$ 297.00	10021	Fine needle aspiration biopsy (no ultrasound-guidance)
$ 212.00	88305	Performance and interpretation of cell block
$ 202.00	88312	Special stains, Group I
$ 144.00	88313	Special stains, Group II
$ 227.00	88342	Qualitative immuno stain, first stain for each specimen
$ 210.00	88341	Qualitative immuno stain, additional stains for each specimen
$ 281.00	88360	Quantitative immunohistochemical stains, per specimen
$1,573.00		

Estimates may be offered as ranges because sometimes additional testing is needed called reflex tasting. These additional tests include preparing additional slides using special stains to drill down on diagnosis. The type of reflex testing ordered will be determined by the result of the original test preformed. Your good faith estimate will include the cost of the original test preformed as well as those that are most likely to reflex to if the result indicates additional testing.

Good Faith Estimate for Uninsured or Self-pay Individuals for Clinic Procedures

Bone marrow aspiration and biopsy

Usual Charges

Fee	CPT	Description
$ 428.74	38222	Bone marrow aspiration and biopsy procedure
$ 51.94	85060	Pathologist review of peripheral blood smear
$ 203.32	85097	Pathologist interpretation of bone marrow aspirate
$ 212.16	88305	Preparation and interpretation of bone marrow biopsy
$ 212.16	88305	Preparation and review of aspiration biopsy
$ 45.31	88311	Decalcification procedure of bone marrow biopsy specimen
$ 143.65	88313	Iron stain on bone marrow biopsy specimen
$ 19.89	36415	Performance of venipuncture
$1,317.17		

Other Potential Charges:

Fee	CPT	Description
$ 202.22	88312	Special stains, Group I
$ 143.65	88313	Special stains, Group II
$ 205.00	88342	Qualitative immuno stain, first stain for each specimen
$ 190.00	88341	Qualitative immuno stain, additional stains for each specimen
$ 254.00	88360	Quantitative immunohistochemical stains, per specimen
$ 357.00	38220	Bone marrow aspiration only, performed by pathologist
$ 176.00	88184	Flowcytometry TC, 1st marker
$ 107.00	88185	Flowcytometry times number of markers (minus 1)
$ 135.00	88187	Flowcytometry read 2-8
$ 172.00	88188	Flowcytometry read 9-15
$ 212.00	88189	Flowcytometry read 16+

Bone marrow procedures often involve significant testing after the initial review. Much of this testing is done external to Pathology Consultants because we do not perform cytogenetic testing**.** NeoGenomics' laboratory is used for external testing and their pricing can be found on the website below.

https://neogenomics.com/about/regulatory/good-faith-estimate

Disclaimer

This good Faith Estimate shows the costs of items and services that are reasonable 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 does not include any unknown or unexpected cost that may arise during treatment. You could be charged more if complications or special circumstances occur. If this happens, federal law allows you to dispute (appeal) the bill.

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 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.