HILTON HEAD DERMATOLOGY & SKIN CANCER CENTER P.A.

15 Hospital Center Blvd, Ste 1
Hilton Head, SC 29926

FED TX ID #57-1027030

4 Okatie Center Blvd South Ste 202
Okatie, SC 29909

Good Faith Estimate for self pay, uninsured or out-of-network patients

(Does not apply to Medicare, Medicaid, or in-network insurance patients)

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M Barrett, PA-C - 1366176679
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Patient Name: _____ DOB: _____

Diagnosis: _____ICD10_____ Location: _____

	Service code (CPT)	HHD Fee Range
Office Visit		
• New	(99202-99204)	
• Established	(99212-99214)	
Biopsy		
• Lesion	(11102)	
• Additional	(11103)	
• Rash	(11104)	
• Additional	(11105)	
Pathology		
• HHD	(88305)	
* • Outside	(88305)	
* • Outside	Each one	
* • Consult	(88323)	
Total Estimate		

	Service code (CPT)	HHD Fee Range
Minor Procedure		
• Injection	(11900 + J3301)	
• I&D	(10061)	
Destruction Lesion		
• AK	(17000)	
• Additional (1)	(17003)	
• Additional (>15)	(17004)	
• Wart	(17110)	
Patch Test		
• Testing #80	(95044)	
Culture		
* • Aerobic Bacteria	(4550)	
* • Fungal	(4605)	
Other		
Total		

Scheduling:

- Discussed above with patient on _____. Reviewed the fact that above estimate applies only if patient is paying in full out of pocket. The proposed procedures and/or pricing may change once surgery begins. Patient voices understanding.
- Discussed with patient that payment in full or signed payments plan needs to be received prior to beginning. The patient is to bring payment in the amount $_____.

Patient Choice:

- Do procedure now O Yes O No O Scheduled date _____

Provided: O In-Person O Email _____ O Website electronic download

Disclaimers:_____

- There may be additional services as part of care that must be scheduled or requested separately and are not included in the GFE
- The GFE information provided is only an estimate regarding services expected to be furnished. Actual services or charges may differ.
- The individual has the right to initiate dispute resolution process if the actual billed charges exceed $400 from the expected charges in the GFE. Initiation of the process will not adversely impact the quality of care furnished to the individual. To learn more please visit https://www.cms.gov/nosurprises or call 1800-985-3059
- The GFE is not a contract and does not require any individual to obtain the services from any of the providers listed in the GFE.
- * Outside pathology & culture is billed separately by the outside pathology and lab.
- The GFE charges might not apply to an individual's out-of-network insurance deductible.
- Laboratory bloodwork and prescriptions are not scheduled nor estimates provided to allow patient a wide range of choices.
- The patient signature below indicates written notice provided, consent to be treated and be balanced billed for the GFE.

Signed_____ _____ Signed _____ _____

(Patient) (Date) (Staff Member) (Date)

Rev 1/21/22 & 7/21/22