



PRICE TRANSPARENCY

Patient /Consumer Checklist

Gathering the information below will help your hospital provide you with the best cost estimate possible for your procedure.

There are various options for providing price estimates for patients / healthcare consumers on scheduled procedures. The information below will help the hospital provide an estimate of the cost of your upcoming procedure. This estimate relates only to the hospital portion of your medical bill – physician services are billed directly from the physician name.

Please note that prices offered are estimates only – procedure costs vary based on your specific circumstances including health insurance status and changes in coverage; length of time spent in the hospital; additional tests or procedures ordered by your physician; or any unforeseen conditions or circumstances surrounding your care or recovery.

- Patient Name: _____
- Guardian (if applicable): _____
- Relationship to Patient: _____
- Date of Birth: _____
- Mailing Address: _____
- City, State, Zip: _____
- Contact phone number: _____
- Okay to leave a message? _____

Ordering Provider/Surgeon Name: _____
Date & Location of Surgery/Test: _____
Description of Surgery/Test/CPT*: _____
Special Instructions: _____

Please note that pre-existing medical conditions could change the location of the procedure or may require additional tests prior to the procedure, which will impact total cost.

If Insured, the below information can be found on your insurance card(s):

Primary Insurance Carrier: _____
Policy Number: _____
Subscriber: _____

**CPT – Current Procedure Terminology Code. Your provider who ordered the test can give you the CPT Code.*

If you don't have health insurance, your hospital and / or physician can provide you with information on available coverage options, assistance programs, hospital discounts or payment plans.