



Good Faith Estimate of How Much You Will Pay DENTAL SERVICES

How much you will pay for a visit or service will depend on your insurance status. For insured patients, you will be asked to pay your co-pay amount. If you chose to not have your insurance billed for a particular visit or service, you may also pay the “self-pay” fees.

For uninsured patients, BRH offers discounts off our regular charges based on a person’s income and the number of people in their household. *Please see the next page to learn more about our payment groups and the information you must bring to your appointment to determine which payment group you belong to.*

Uninsured and Self Pay Patients should expect to be charged the amount listed below, based on your charges by payment group (if you qualify) or the self-pay charge:

Dental Service	Charge by Payment Group					SELF PAY
	A	B	C	D	E	
Basic Dental Service (Includes Exam, Bitewing x-rays, and dental cleaning)	Nominal Fee \$50	\$60	\$70	\$80	\$90	\$158 - \$182
New Patient Visit (Includes Exam and X-rays)	Nominal Fee \$50	\$60	\$70	\$80	\$90	\$50 - \$172
X-ray	Nominal Fee \$20	\$30	\$40	\$50	\$60	\$20 - \$132
Extraction with no x-ray	Nominal Fee \$36 - \$68	\$43- \$79	\$48- \$90	\$54- \$101	\$58- \$107	\$124- \$378
Restoration (Filling)	Nominal Fee \$42 - \$89	\$49- \$104	\$56- \$118	\$63- \$133	\$67- \$141	\$119 - \$280
Crowns and Endo (Quoted Separately)						Must qualify with Diagnosis

DISCLAIMER: This Good Faith Estimate is based on our understanding of your needs at the time of your visit/service. While caring for you, our providers may recommend additional services that are not listed here. Your actual charges may vary from this estimate. This estimate is not a contract and does not require you to get services from CHC. If your actual charges are more than \$400 above this estimate, you can initiate a provider-patient dispute resolution process. You can contact the BRH Corporate Compliance Officer at 828-233-2238 or compliance@brchs.com to discuss dispute resolution of the GFE. You may also learn more about Good Faith Estimates and the dispute resolution process at www.cms.gov/nosurprises/consumers

How Blue Ridge Health Determines Your Payment Group/Sliding Fee Category

A patient's Payment Group is based on the number of people in their household and their total income, using the chart below.

Annual Income					
Payment Group	A	B	C	D	E
Family Size	100% FPGL	101-125% FPGL	126-150% FPGL	151-175% FPGL	176-200% FPGL
	Less than or equal to	Less than or equal to	Less than or equal to	Less than or equal to	Less than or equal to
1	\$ 14,580	\$ 18,225	\$ 21,870	\$ 25,515	\$ 29,160
2	\$ 19,720	\$ 24,650	\$ 29,580	\$ 34,510	\$ 39,440
3	\$ 24,860	\$ 31,075	\$ 37,290	\$ 43,505	\$ 49,720
4	\$ 30,000	\$ 37,500	\$ 45,000	\$ 52,500	\$ 60,000
5	\$ 35,140	\$ 43,925	\$ 52,710	\$ 61,495	\$ 70,280
6	\$ 40,280	\$ 50,350	\$ 60,420	\$ 70,490	\$ 80,560
7	\$ 45,420	\$ 56,775	\$ 68,130	\$ 79,485	\$ 90,840
8	\$ 50,560	\$ 63,200	\$ 75,840	\$ 88,480	\$ 101,120

When calculating a patient's income, Blue Ridge Health considers the following sources

- W-2 Forms
- Income Tax forms
- Bank Statements
- Recent Pay stub
- Letter from Employer
- Self-Declaration of income on the application
- Unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources.
- Any other information that supports income reported.

Once you know your Payment Group and the services you should expect to receive, you can figure out how much you should expect to pay. Here's an example:

A patient comes in for a regular medical visit. He has 4 people in his household, and Blue Ridge Health counts his total income as \$38,000. Using the chart above, he is in Payment Group "C".

CHC's charges for a regular medical visit are:

Service	Fee by Payment Group					SELF PAY
	A	B	C	D	E	
Regular medical visit - 99213	Nominal Fee \$25	\$30	\$40	\$50	\$60	\$145.88

As the patient is in Payment Group C, his charge for the medical visit is \$40.