



Good Faith Estimate of How Much You Will Pay

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:

Service	Code	Charge by Payment Group					SELF PAY
		A	B	C	D	E	
Regular Medical Visit (in person or telehealth)	99213	Nominal Fee \$25	\$30	\$40	\$50	\$60	\$145.88
Regular Medical Visit (in person or telehealth)	99214	Nominal Fee \$25	\$30	\$40	\$50	\$60	\$216.67
Regular Psychiatry Appointment (in person or telehealth)	99213	Nominal Fee \$5	\$30	\$40	\$50	\$60	\$145.88
Regular Psychiatry Appointment (in person or telehealth)	99214	Nominal Fee \$5	\$30	\$40	\$50	\$60	\$216.67
Counseling Visit - 45 min (in person or telehealth)	90834	Nominal Fee \$5	\$30	\$40	\$50	\$60	\$169.48
Counseling Visit - 30 min (in person or telehealth)	90832	Nominal Fee \$5	\$30	\$40	\$50	\$60	\$128.00
Telephone Visit with Counselor	98968	Nominal Fee \$5	\$30	\$40	\$50	\$60	\$64.20
Telephone Visit with Medical Provider (11-20 minutes)	99442	Nominal Fee \$25	\$30	\$40	\$50	\$60	\$53.45
Initial Nutrition Assessment – each 15 minutes	97802	Nominal Fee \$10	\$11	\$12	\$13	\$14	\$52.63
Nutrition Reassessment and Intervention – each 15 minutes	97803	Nominal Fee \$10	\$11	\$12	\$13	\$14	\$45.65
Medical Nutrition Therapy – Group, each 30 minutes	97804	Nominal Fee \$10	\$11	\$12	\$13	\$14	\$29.71

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. If you are receiving an additional service at the time of your visit, such as a vaccination, the cost of the vaccine will be included with the consent form you will sign before receiving the vaccine.**

This estimate is not a contract and does not require you to get services from BRH. If your actual charges are more than \$400 above the estimate for your visit **and** any additional services you provide consent to receive, you can initiate a provider-patient dispute resolution process. You can contact the BRH Corporate Compliance Officer at 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	\$ 15,650	\$ 19,563	\$ 23,475	\$ 27,388	\$ 31,300
2	\$ 21,150	\$ 26,438	\$ 31,725	\$ 37,013	\$ 42,300
3	\$ 26,650	\$ 33,313	\$ 39,975	\$ 46,638	\$ 53,300
4	\$ 32,150	\$ 40,188	\$ 48,225	\$ 56,263	\$ 64,300
5	\$ 37,650	\$ 47,063	\$ 56,475	\$ 65,888	\$ 75,300
6	\$ 43,150	\$ 53,938	\$ 64,725	\$ 75,513	\$ 86,300
7	\$ 48,650	\$ 60,813	\$ 72,975	\$ 85,138	\$ 97,300
8	\$ 54,150	\$ 67,688	\$ 81,225	\$ 94,763	\$ 108,300

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 "B".

BRH'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 B, his charge for the medical visit is \$30.