

Good Faith Estimate of How Much You Will Pay

Today's Date:	
Patient Name:	
Patient DOB:	

On _____, you (the patient):

- Scheduled an appointment at KCH on _____ at _____ for _____.
- Requested a Good Faith Estimate of how much to expect to pay.
- As of today, your applicable diagnosis code(s) are:

CODE	MEANING OF CODE

KCH does not yet know the correct diagnosis codes for your visit.

How much you will pay will depend on your income. We offer discounts off our regular charges based on a person's income and the number of people in their household. At the time your appointment (or estimate request) is made, our staff will help you determine which payment group you belong to.

We have outlined below the services we expect you will receive during your visit. You should expect to be charged the amount listed below for each service.

Service	Code	Your Payment Group:
		Charge Based on Your Payment Group

Important Notes: This Good Faith Estimate is based on our understanding of your needs as of today. While caring for you, our providers may recommend additional services that are not listed here. Your actual charges may vary from this estimate and may not include fees outside of KCH. This estimate is not a contract and does not require you to get services from Kaniksu Community Health (KCH). If your actual charges are more than \$400 above this estimate, you can initiate a provider-patient dispute resolution process. You can learn how to start this process at Department of Health and Human Services. Starting a dispute resolution process will not reduce the quality of health services you receive at KCH.

Providing our communities with quality, affordable & accessible healthcare

Bonnors Ferry
6615 Comanche Street
Bonnors Ferry, ID
83805
208.267.1718

Priest River
6509 Hwy. 2
Priest River, ID
83856
208.448.2321

Sandpoint
810 6th Ave.
Sandpoint, ID
83864
208.263.7101

Administration
301 Cedar St. Suite 206
Sandpoint, ID
83864
208.263.7101