



Good Faith Estimate (GFE)

For Uninsured or Self-Pay Patients

Rev 1/22

Patient Name: _____ Date of Birth: _____

Diagnosis Code(s): _____ Date of Service: _____

This estimate is provided under the terms of the No Surprises Act of 2021. The practice of medicine is unpredictable, and as a result, this document provides only an estimate of charges for your visit and not the final patient responsibility; actual items, services, or charges may differ. There may be additional items or services the convening provider recommends as part of the course of care that must be scheduled or requested separately and are not included in the GFE.

All amounts include a 20% immediate payment reduction that is only applied if payment is given at time of service.

Office Visits

New Patients	CPT		Established Patients	CPT	
Level 2 Visit	99202	\$101.60	Level 2 Visit	99212	\$80.00
Level 3 Visit	99203	\$164.80	Level 3 Visit	99213	\$124.80
Level 4 Visit	99204	\$204.00	Level 4 Visit	99214	\$152.00
Level 5 Visit	99205	\$258.40	Level 5 Visit	99215	\$200.00

Complexity of office visits (determination of level) depends on a number of factors and is determined by the physician / physician assistant. Most commonly, dermatology visits are level 3 or 4.

Procedures

Procedure	CPT	
One Tangential Skin Biopsy	11102	\$128.00
Each Additional Tangential Skin Biopsy	11103	\$72.00
One Punch Skin Biopsy	11104	\$152.00
Each Additional Punch Skin Biopsy	11105	\$76.00
Destruction (Freeze) of 1 st Premalignant (Actinic Keratosis)	17000	\$99.20
Each Additional Freeze Premalignant (Up to 14)	17003	\$5.12
Destruction (Freeze) of Benign Lesion (Warts, Seborrhic Keratosis), up to 14 lesions	17110	\$129.60
Destruction (Freeze) of Benign Lesion (Warts, Seborrhic Keratosis), 15 or more lesions	17111	\$150.40
Injection of lesion with medication (injecting pimples, scars, cysts), up to 7 lesions	11900	\$85.60
Skin tag removal, up to 14 lesions	11200	\$116.00
Other Procedure: _____		\$ _____

I have been provided a copy of the good faith estimate of charges and acknowledge that I will be responsible for payment of the above services. The individual has the right to initiate the patient-provider dispute resolution process if the actual billed charges are substantially in excess (over \$400) of the expected charges included in the GFE. This good faith estimate is not a contract and does not require the uninsured (or self-pay) individual to obtain the items and services from any of the providers or facilities identified on the good faith estimate.

Patient Signature

Date