

How Rivet's Good Faith Estimates (GFEs) Comply with the No Surprises Act

[RIVET] Brighton Family Health
2750 E Cottonwood Parkway Suite 600
Salt Lake City, Utah 84109
(801) 987-6543

Brighton Family Health

Patient Cost Estimate
This is not a bill. Actual cost may change.

Testy Testerson

ESTIMATE ID #285500
Created 12/29/2021

PATIENT Name Testerson, Testy
Birthdate 1/1/1970

PRIMARY BENEFITS
Payer Purple Cross
Plan Gen26/copy Sel
Subscriber ID 5551212
Deductible remaining \$4,675 / \$10,000

Total Estimated Patient Cost \$382.17

PROVIDER	DATE OF SERVICE
FAKE PROVIDER (NPI 1111111111)	12/29/2021
OFFICE ADDRESS 1234 Test Address, Suite 432, Test City, Washington 84663	OFFICE PHONE (801) 987-6543
TAX ID 123456789	

CODE	DESCRIPTION	QUANTITY	COST
99204	office/outpatient visit new	1	\$382.17
	Total before insurance		\$382.17
	Primary Insurance <input checked="" type="checkbox"/> In-network		-\$0.00
	\$4,674.78 deductible		
	Patient Total		\$382.17

NOTE
ICD-10: M25.569

Out-of-pocket remaining \$10,675 / \$11,000

I have reviewed this estimate and understand that actual cost may vary.

Patient Signature _____ Date _____

The information provided in this good faith estimate is only an estimate, and actual out-of-pocket patient liability may be more or less than the estimated amount. This estimate is based on items or services reasonably expected to be furnished at the time the estimate is issued, and actual items or services rendered may differ. There may be additional items or services recommended as part of the course of care that must be scheduled or requested separately, and are not included in this estimate. You have the right to initiate the patient-provider dispute resolution process if the actual billed charges are substantially in excess of the expected charges included in this estimate. Additionally, this estimate is not a contract, and you are not required to obtain the items or services from these specific providers or facilities. Please contact us at (801) 987-6543 with any questions.

Good Faith Estimates Must Include

1	Patient name & birthdate	First name, last name and date of birth for the patient receiving items or services.
2	Office or facility location(s)	Physical address, including street name and number, city, state and zip code for all providers and facilities involved.
3	Service codes	Description of an item or service using CPT, HCPCS, DRG or NDC codes.
4	Diagnosis codes	The code that describes the patient's disease, disorder, injury and other related health conditions using the current ICD code set.
5	Expected charges	Expected charges associated with each listed item or service.
6	Names of providers & facilities	First Name, last name, title of provider(s) and legal name of facility(ies) as written on their business license.
7	National Provider Identifier (NPI)	Number associated with the provider or facility.
8	Date(s) of Service(s) (if applicable)	When service(s) will be offered to the patient.
9	Tax Identification Number (TIN)	Provider or facility's TIN, employer ID number (EIN) or federal TIN (FTIN) issued by the IRS.
10	Description of primary item or service and an itemized list of items and services, grouped by each provider or facility	A clear, understandable description of primary item or service to be furnished by the convening provider(s) or facility(ies) (as defined for purposes of 45 CFR 149.610).
11	Disclaimer information	Disclaimer that states the following information: a) The GFE is an estimate and subject to change. b) There may be additional items or services not contained in this GFE. c) The patient has the right to initiate the patient-provider dispute resolution process. d) The GFE is not a contract.