

Patient Price Estimation Request Form

Please provide requested information below.

If incomplete, we may not be able to prepare estimate for you.

Allow 2-3 business days.

Patient Name: _____ **Date of Birth (mm/dd/yy)** _____

Home Phone: _____ Cell Phone: _____ Fax Number: _____

Mailing Address: _____ Apt. # _____

City: _____ State: _____ Zip Code: _____

Please check how you would like to receive your estimate: Mail Fax Phone Call (best number: Home Cell)
 E-mail at: _____

Information Required for Estimate

Step 1 – What type of service will you be having? Where will it be done?

- Diagnostic test (such as x-ray, MRI, CT scan)**
- Outpatient Surgery**
 - at Missouri Center for Outpatient Surgery (MCOS)
 - at other University Outpatient Surgery Location
- Is this surgery or procedure already scheduled? Yes No
- Inpatient Admission**
- Will be done in the clinic (office visit)**

Step 2 – What is the procedure description or the procedure code(s) (CPT) as ordered by your doctor?

Description *CPT code(s)*

Step 3 – Who is the Physician or Health Care Practitioner that has ordered the test or procedure?

_____ **Is he/she a UMHC provider?** Yes No
If not, phone number in case we have questions regarding the description/codes provided: _____

Step 4- What is your insurance?

- Medicare. Do you have a Medicare Supplement? Yes No
- Commercial. (such as Blue Cross Blue Shield, Anthem, Coventry, Aetna, Cigna, etc.) _____
Policy holder name: _____ Policy holder DOB: _____
Policy Number: _____ Policy Group # _____
- Enter your insurance information.** If you do not know this information, please contact your carrier.
 - Deductible: _____ (individual) _____ (family)
 - Deductible met: _____ (individual) _____ (family)
 - Out-of-pocket maximum: _____ (individual) _____ (family)
 - Out-of-pocket max met: _____ (individual) _____ (family)
 - Co-Pay \$ _____ office visit \$ _____ (outpatient surgery) \$ _____ (inpatient admission)
 - Coinsurance: _____ %
- Do Not Have Insurance (self pay)

Step 5 – Read the Disclaimer

I have read the disclaimer below

The estimate provided is a best **ESTIMATE** possible and **is not a guarantee of what you will be charged**. It is impossible to predict in advance of care what your final charges will be. There are factors that may vary in your actual case. If you have health insurance, your benefits will determine the amount you owe (including deductibles, co-payments, co-insurance and out-of-pocket maximums). If you have insurance, you may also contact your health plan.