Atlantic Medical Imaging, LLC
GOOD FAITH ESTIMATE

COMPANY INFORMATION		
Company Name	**Office Location**	
Atlantic Medical Imaging, LLC		
NPI #	**Phone**	
#N/A	(609) 677-7929	
Street or PO Box		
#N/A		
City	**State**	**ZIP Code**
#N/A	#N/A	#N/A

PATIENT INFORMATION		
First Name	**Middle**	**Last Name**
Patient Identification Number	**DOB**	**ICD10 Code**
Street or PO Box		**Apartment**
City	**State**	**ZIP Code**
Email Address	**Phone**	

Disclaimer

This Good Faith Estimate shows the costs of items and services that are reasonably expected for your health care needs for an item or service. The estimate is based on information known at the time the estimate was created.

The Good Faith Estimate does not include any unknown or unexpected costs that may arise during treatment. You could be charged more if complications or special circumstances occur. If this happens, federal law allows you to dispute (appeal) the bill.

If you are billed for more than this Good Faith Estimate, you have the right to dispute the bill.

You may contact the health care provider or facility listed to let them know the billed charges are higher than the Good Faith Estimate. You can ask them to update the bill to match the Good Faith Estimate, ask to negotiate the bill, or ask if there is financial assistance available.

You may also start a dispute resolution process with the U.S. Department of Health and Human Services (HHS). If you choose to use the dispute resolution process, you must start the dispute process within 120 calendar days (about 4 months) of the date on the original bill.

There is a $25 fee to use the dispute process. If the agency reviewing your dispute agrees with you, you will have to pay the price on this Good Faith Estimate. If the agency disagrees with you and agrees with the health care provider or facility, you will have to pay the higher amount.

To learn more and get a form to start the process, go to www.cms.gov/nosurprises or call 1-800-985-3059.

For questions or more information about your right to a Good Faith Estimate or the dispute process, visit www.cms.gov/nosurprises or call 1-800-985-3059.

Keep a copy of this Good Faith Estimate in a safe place or take pictures of it. You may need it if you are billed a higher amount.

Atlantic Medical Imaging, LLC
DETAILED LIST OF EXPECTED CHARGES

EXAM 1				
CPT Codes	**CPT Description**	**Charges**	**Prompt Pay Discount**	**Amt Due**
Subtotal	Subtotal Exam 1	-	-	-

EXAM 2				
CPT Codes	**CPT Description**	**Charges**	**Prompt Pay Discount**	**Amt Due**
Subtotal	Subtotal Exam 2	-	-	-

EXAM 3				
CPT Codes	**CPT Description**	**Charges**	**Prompt Pay Discount**	**Amt Due**
Subtotal	Subtotal Exam 2	-	-	-

Grand Total	**-**	**-**	**-**

Patient Signature _____

Date _____