

## Good Faith Estimate (GFE) Workflow

### Uninsured Self-Pay, Patient requesting to not use insurance, or Out of Network

#### Scheduling:

1. Quote the patient the self-pay rate for each exam, add quoted rate to scheduling notes, if there are multiple exams list what was quoted for each exam in the notes.

The screenshot shows a scheduling form with the following fields and buttons:

- Exam Info:** MG Diag LT Tomo | 77065
- Referrer 1:** NOT ON STAFF, NOT ON STAFF (with a search button)
- cc:** Start typing text and press enter (with a search button)
- Reason 1:** Unspecified lump in unspecified breast | N630 (with a search button)
- Reason 2:** Start typing a reason (with a search button)
- Reason 3:** Start typing a reason (with a search button)
- Reason 4:** Start typing a reason (with a search button)
- Scheduler Notes:** LUMP IN BREAST/ID/SCRIPT  
GFE - MAMMO \$175/US \$75  
TOTAL \$250 (This section is circled in red)
- CDS Score:** (empty field)
- Decision Support Number:** (empty field)
- HCPCS Code:** (empty field)
- HCPCS Modifier:** (empty field)
- Buttons:** Apply to all Exams (circled in red), Submit (circled in red), Quit

2. Once the appointment is scheduled add the GFE Task Click Go to: Add or Edit Tasks

The screenshot shows the appointment confirmation screen with the following fields and links:


- Confirm Appointment:** (with a phone icon)
- View Exam Order:** [View Order](#)
- ABN:** (empty field)
- Go to:** [Add or Edit Tasks](#) (This link is circled in red)
- Tasks:** MG DIAG LT TOMO Please arrive 15 minutes prior to your appointment time and bring the following information with you: • Script/Insurance Card/ Photo ID •

- a. Task screen will appear follow the steps below



2. Once the patient has signed the GFE, scan into each appointment listed on the GFE under Good Faith Estimate Signed and give the original back to the patient.

**View and Commands**  

**Scan/Upload Documents:** 


Good Faith Estimate 2  
[Good Faith Estimate 1](#)

**Linked Documents:**

Apply To Other Studies

**Inbound Documents:**

**Select Scanner**  



[Scanner Settings](#)



**Scan Choice:**

Good Faith Estimate 2

**File Ext:**

pdf

☒ Save As Multi-Page Document  
☐ Duplex

**Attached Documents:**  
[Good Faith Estimate 1](#)



**Scan Choice:**

Good Faith Estimate 2

**File Ext:**


pdf

☒ Save As Multi-Page Document  
☐ Duplex



 

**Attached Documents:**  
[Good Faith Estimate 2](#)  
[Good Faith Estimate 1](#)

Apply To Other Studies



**View and Commands**


Scan/Upload Documents: [Good Faith Estimate 2](#)   
[Good Faith Estimate 1](#) 

Linked Documents: [Apply To Other Studies](#)

Inbound Documents:

3. Collect the balance listed on the GFE, Click on Receive Payment under Exam Information

**Exam Information**

Accession #: 2072389650 

Secondary Accession #: 2072389650

Schedule Date: 12/2/2022

Schedule Time: 10:21 AM

Date of Request:

Resource: MG Order Entry

Modality: MG

Exam: MG Diag LT Tomo | 77065

Decision Support Number:

CDS Score:

HCPCS Code:

HCPCS Modifier:

Exam Indicators:

Charge: \$0.00 [\[Receive Payment\]](#)

Add Charges:

PT Status:

4. Zotec Payment screen will appear, enter the Payment Amount if different than what loaded and check to make sure the Date is correct, Click Next

TEST TEST 01/01/2001 930340755

Inquiry ⓘ Itemized Bill ⓘ

Date of Service \* 12/07/2022

Appointment Type Select ▼

Payment Amount (min \$1.00) \* \$390.00

BACK NEXT

5. Double check the Payment Amount and select what form of Payment is being used

TEST TEST 01/01/2001 930340755  
 Inquiry ⓘ Itemized Bill ⓘ

Today's service has been estimated at \$390.00


Today's Service	Balance	Payment
BRICK WOMENS CENTER 12/07/2022	\$390.00	\$390.00
Discount Type Select one	Discount % 0%	<input type="checkbox"/> Paid in full

How would you like to take care of your total of \$390.00?

BACK CASH CHECK MONEY ORDER CREDIT/DEBIT CARD E-CHECK NEW PAYMENT PLAN AFTER INSURANCE

- Follow the instructions for which form of payment you are using and print the receipt once completed, Credit Card receipt needs to be signed by the patient
- Scan in the receipt under each exam listed on the GFE and give the patient a copy of the receipt

**View and Commands**



 Receipt 1

**Scan/Upload Documents:** [Good Faith Estimate 2](#)  
[Good Faith Estimate 1](#)

**Linked Documents:** [Apply To Other Studies](#)


**Scan Choice:** Receipt 1 **File Ext:** pdf

☒ Save As Multi-Page Document  
☐ Duplex


 




**Attached Documents:**  
[Good Faith Estimate 2](#)  
[Good Faith Estimate 1](#)

**Attached Documents:**  
[Receipt 1](#)  
[Good Faith Estimate 2](#)  
[Good Faith Estimate 1](#)

[Apply To Other Studies](#) 

**View and Commands**

 Receipt 1

**Scan/Upload Documents:** [Receipt 1](#)   
[Good Faith Estimate 2](#)   
[Good Faith Estimate 1](#) 

[Apply To Other Studies](#)

- Open the GFE Task to add notes and to complete the task

**Exam/Patient Information:**

[Print Order](#)  
**Print:** [Print BarCode \(Patientid\)](#)  
[Print Reminder Letter](#)  
**Order:** [Order Details](#)  
[Edit Order](#)  
**History Sheet:** [History Sheet](#)  
[Add or Edit tasks](#)  
**Tasks:** **GFE**  
[Hold Exam](#)

- Add notes to the GFE Task: SIGNED GFE SCANNED IN/PAYMENT TAKEN/RECEIPT SCANNED IN, Click Save Changes

**Edit / Complete task**

SIGNED GFE SCANNED IN/PAYMENT TAKEN/RECEIPT SCANNED IN

Good Faith Estimate  
 Due Date: MM/dd/yyyy

**Save Changes** **Perform Task**

- Notes will be added, Click Perform Task to close the task

**Edit / Complete task**

Good Faith Estimate  
 Due Date: MM/dd/yyyy

**Save Changes** **Perform Task**

Task	Notes	Assigned By	Completed	Due	Q&A
<b>GFE</b> Good Faith Estimate	12/7/2022 9:22 AM SIGNED GFE SCANNED IN/PAYMENT TAKEN/RECEIPT SCANNED IN (A. Moeller) 12/2/2022 10:57 AM GFE COMPLETED/EMAIL SENT TO PATIENT/GFE ADDED TO PATIENTS APPOINTMENT (A. Moeller) 12/2/2022 10:24 AM GFE - MAMMO \$175/US \$75 TOTAL \$250 (A. Moeller)	Amy Moeller 12/2/2022			

**Close Window**

- Click Close Window to close the GFE Task.

< >									
Task	Notes	Assigned By	Completed	Due	Q&A				
<b>GFE</b> Good Faith Estimate	12/7/2022 9:22 AM SIGNED GFE SCANNED IN/AYMENT TAKEN/RECEIT SCANNED IN (A. Moeller)	Amy Moeller 12/2/2022							
	12/2/2022 10:57 AM GFE COMPLETED/EMAIL SENT TO PATIENT/GFE ADDED TO PATIENTS APPOINTMENT (A. Moeller)								
	12/2/2022 10:24 AM GFE - MAMMO \$175/US \$75 TOTAL \$250 (A. Moeller)								
< >									
Close Window									

12. Task will now show Completed GFE

**Exam/Patient Information:**

[Print Order](#)

**Print:** [Print BarCode \(Patientid\)](#)

[Print Reminder Letter](#)

[Order Details](#)

**Order:** [Edit Order](#)

**History Sheet:** [History Sheet](#)

**Tasks:** [Add or Edit tasks](#)

**Completed:** **GFE**

[Hold Exam](#)

**Actions:** [Arrive Patient](#)

[Add To Schedule](#)

[Urgent Findings](#)

## **Billing:**

1. Click on Home in RIS to access your Worklists



2. Monitor Good Faith Estimate (GFE) Task daily

- Click on Task Worklist

▲ Worklists

×

[Daily Worklist](#)  
[Task Worklist](#)  
[Urgent Findings Worklist](#)  
[Form Worklist](#)  
[Document Worklist](#)

▲ Schedules

×

[Scheduling Grid](#)  
[Enter Order](#)  
[Advanced Scheduling](#)  
[Wait Room Display](#)  
[Template Scheduling](#)

b. Click on Expand Filters in the right-hand corner

Filter By Assigned To: --- NONE ---

▼

Filters

Expand Filters

☐ Reset to default
 [Update](#)

[Narrow by patient](#) | [Show records for all patients](#)

c. Go to Tasks and Click Deselect All

Filters

Collapse Filters

Hospital Location

Select All | Deselect All

☒ [None]

Tasks

Select All | Deselect All

☐ APS  
☐ APS – Chrissy Riley  
☐ APS – Mandy Murphy  
☐ APS – Tammy Prokson  
☐ Allergy  
☐ Cardiac  
☐ Claustrophobia

Confirmation - Eligibility

Select All | Deselect All

☐ Needs Confirmation  
☐ Needs Precert  
☐ Needs Eligibility Check

☐ Reset to default
 [Update](#)

d. Under Tasks check off Good Faith Estimate and Click Update

☐ FFR  
☐ FURTHER SCREENING NEEDED  
☒ Good Faith Estimate  
☐ Group/Nursing Home  
☐ Hearing Impaired  
☐ Heart Rate Assessment  
☐ Hoyer  
☐ Labs

☐ Prio  
☐ Prio  
☐ REF  
☐ Sch  
☐ Site  
☐ Spe  
☐ Stre  
☐ Trai

☐ Reset to default
 [Update](#)



- e. All open GFE Tasks will load on your worklist, Click on Patient name to access their chart for GFE Spreadsheet (Name, MRN#, DOB, Address, Phone #, and Email)

Exam	Mod	PID	Patient Name	Site	Status	Scheduled Date/Time	Order	Conf	Acc#	Tasks	Claim	Referrer	Floor	Room	Bed
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>MG DIAG LT TOMO/US BREAST - US</b> Diagnostic Breast LT	US	930340755	<b>TEST</b> <b>TEST</b> +	OrderEntry	Ordered	12/2/2022 10:21 AM			2072389651	<b>GFE</b>		NOT ON STAFF, NOT ON STAFF			
<b>MG DIAG LT TOMO/US BREAST - MG</b> Diag LT Tomo	MG	930340755	<b>TEST</b> <b>TEST</b> +	OrderEntry	Ordered	12/2/2022 10:21 AM			2072389650	<b>GFE</b>		NOT ON STAFF, NOT ON STAFF			

Page size: 100 2 items in 1 pages

3. Fill in the GFE Spreadsheet

- a. Select the Company from the drop-down menu: AMI or AMI Atlanticare

COMPANY INFORMATION	
Company Name	Office Location
AMI AtlantiCare, LLC	Manahawkin
NPI #	Phone
1275762023	(609) 677-7929
Street or PO Box	
517 Route 72	
City	State
Manahawkin	NJ

- b. Select the location from the drop-down menu

Office Location
Manahawkin
Phone
(609) 677-7929

- c. Patient's information needs to be added

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	

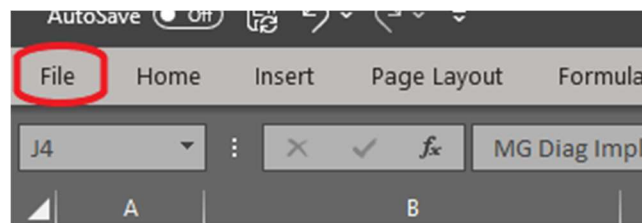
- d. Exam – Can select up to 3 Exam Types per GFE
- i. Select the Exam type from the drop-down menu

EXAM 1	MG	MG Diag Impla
CPT Codes	CPT Description	Charges
77065	(77065) DX MAMMO INCL CAD UNI	390.00
77061	(77061) BREAST TOMOSYNTHESIS UNI	200.00

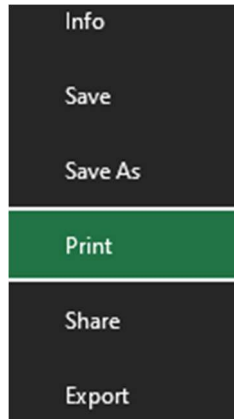
- ii. Select the Exam from the drop-down menu

MG Diag Implant LT Tomo		
Charges	Prompt Pay Discount	Amt Due
390.00	(215.00)	175.00

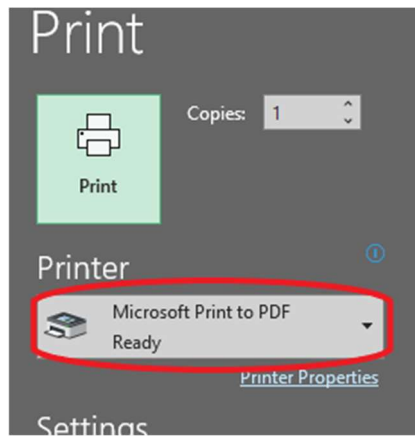
4. Save as PDF
- a. Click on File in the top left-hand corner



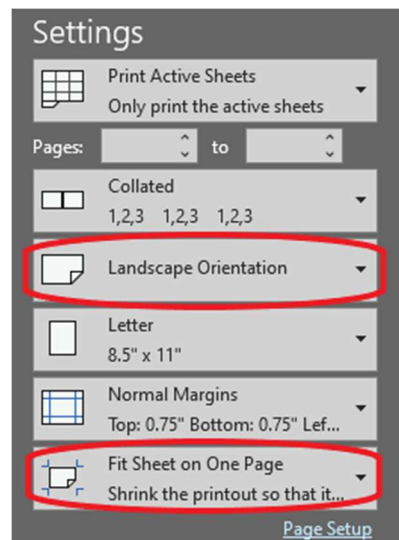
- b. Click Print



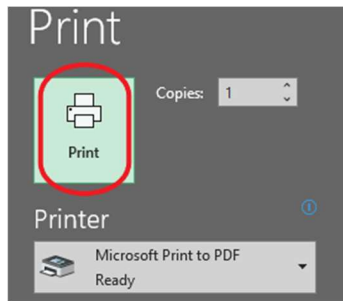
- c. Choose under Printer – Microsoft Print to PDF



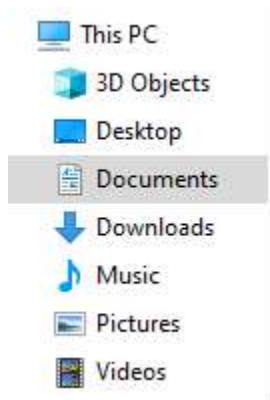
- d. Change to Landscape Orientation and Fit Sheet on One Page



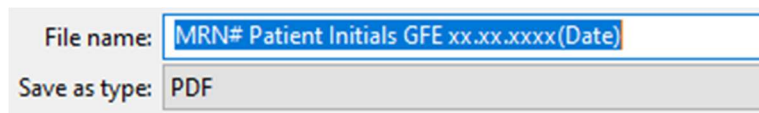
- e. Click Print



- f. Select This PC and Documents



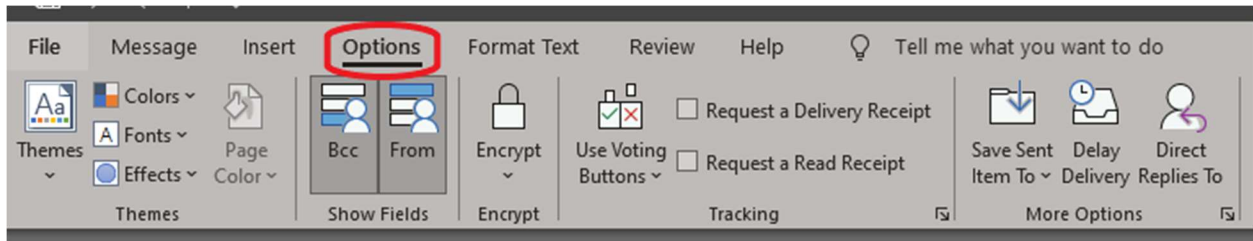
- g. File Name: MRN# Patient Initials GFE xx.xx.xxxx(Date), change Save as type to PDF



- h. Click Save



- 5. Email/Mail the GFE to the patient
  - a. Email needs to be encrypted
    - i. Click on Options

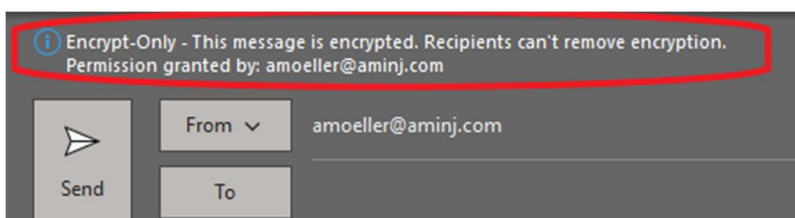


- ii. Click down arrow under Encrypt

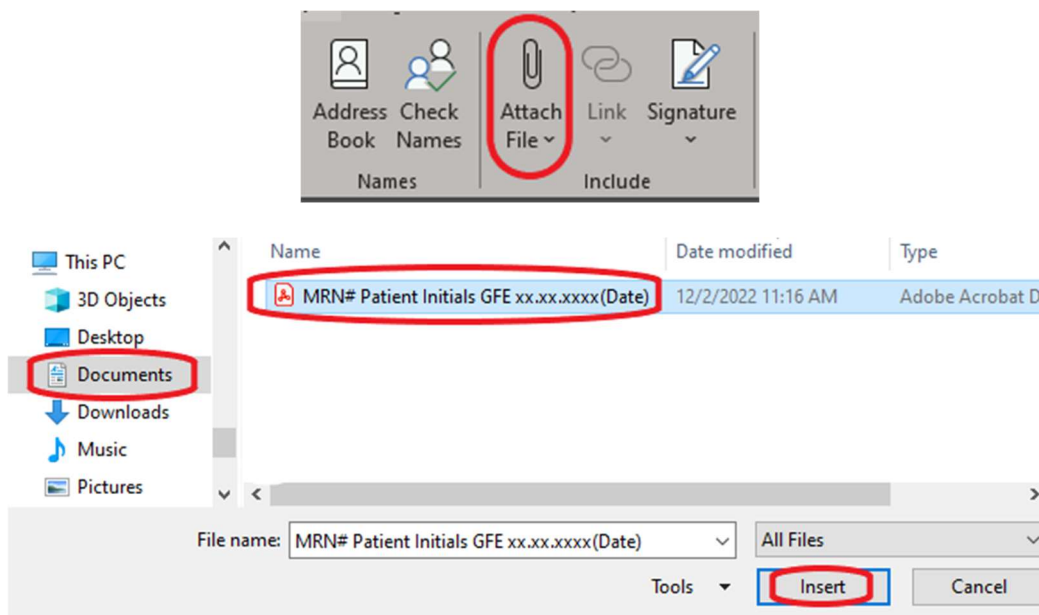


iii. Select Encrypt – Only

1. Encrypt-Only Message will now appear in the email



b. Attach the saved GFE to the email from your saved Documents



c. Use the approved email message below

Good Morning or Afternoon,

Attached is your Good Faith Estimate for the total expected cost for your upcoming procedure at Atlantic Medical Imaging. If you have any questions regarding your estimate, please give us a call at (609) 677-9729 ext. 1014 or email us at [GFE@aminj.com](mailto:GFE@aminj.com).

This Good Faith Estimate shows the costs of items and services that are reasonably expected for your medical exam here at Atlantic Medical Imaging. The estimate is based on information known at the time the estimate was created.

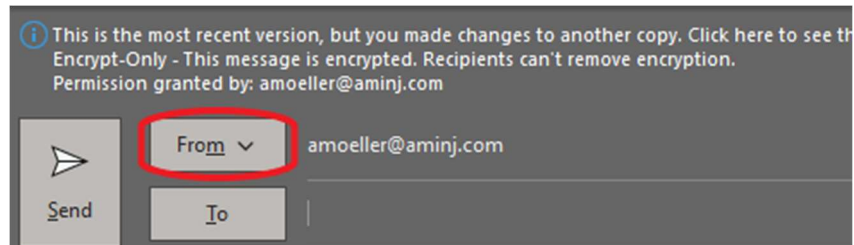
The Good Faith Estimate does not include any unknown or unexpected costs that may arise during treatment. You could be charged more if complications or special circumstances occur. If this happens, federal law allows you to dispute (appeal) the bill.

If you are billed for more than this Good Faith Estimate, you have the right to dispute the bill. You may contact us to let us know that the billed charges are higher than the Good Faith Estimate. We can update the bill to match the good faith estimate.

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](http://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](http://www.cms.gov/nosurprises) or call 1-800-985-3059.

- d. Select [GFE@aminj.com](mailto:GFE@aminj.com) from the drop down under FROM in the email.



- e. Example of the email that will be sent, Click Send to send the email



Hello,

Attached is your Good Faith Estimate for the total expected cost for your upcoming procedure at Atlantic Medical Imaging. If you have any questions regarding your estimate, please give us a call at xxx-xx-xxxx or email us at [xxx@aminj.com](mailto:xxx@aminj.com)

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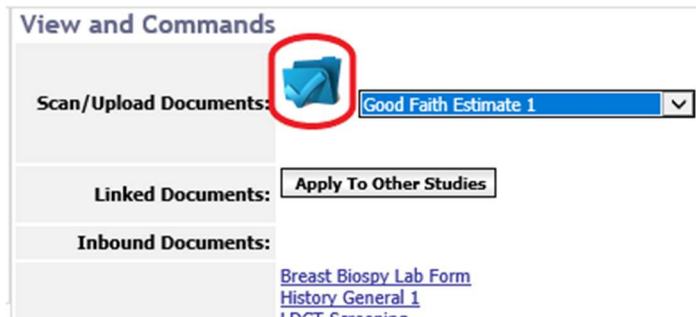
There is a \$25 fee to use the dispute process. If the agency reviewing your dispute agrees with you, you will have to pay the price on this Good Faith Estimate. If the agency disagrees with you and agrees with the health care provider or facility, you will have to pay the higher amount. To learn more and get a form to start the process, go to [www.cms.gov/nosurprises](http://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](http://www.cms.gov/nosurprises) or call 1-800-985-3059.

Thank you,

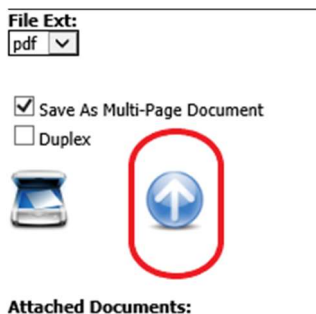
Amy Moeller  
Executive Assistant  
Atlantic Medical Imaging - AMI  
Bayport One Building  
8025 E. Black Horse Pike, Suite 300  
West Atlantic City, NJ 08232  
P: 609-677-9729 ext 1034  
F: 609-652-6270  
email: amy@aminj.com

[www.aminj.com](http://www.aminj.com)

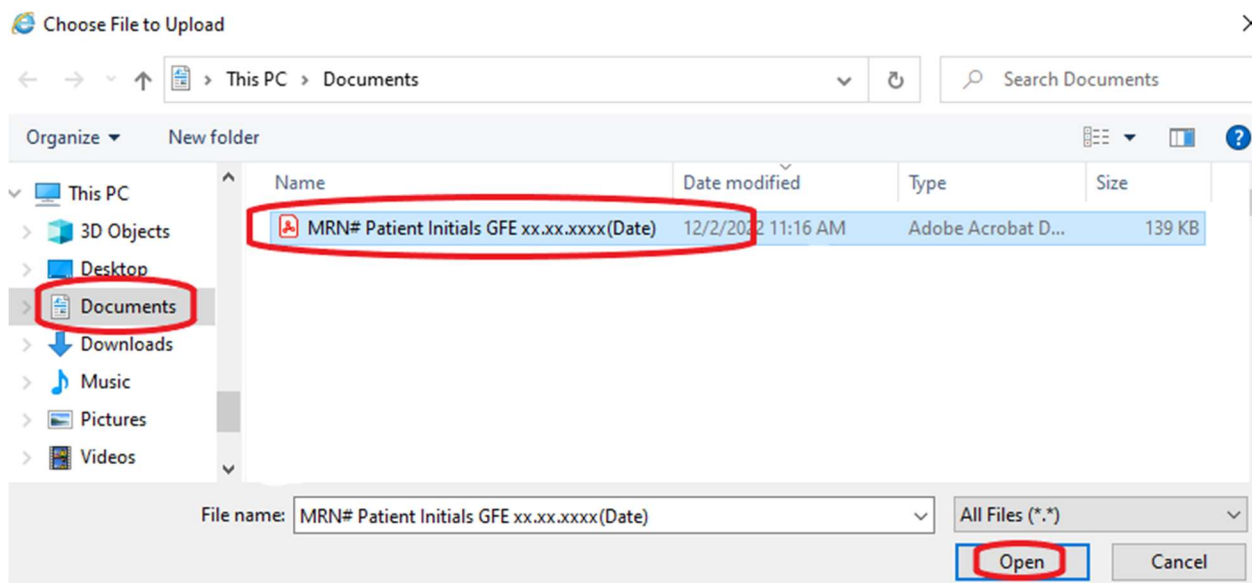
6. Upload the GFE into the patient's chart under each exam listed on the GFE
  - a. Select Good Faith Estimate Unsigned from the drop-down menu, Click the Blue Folder to upload



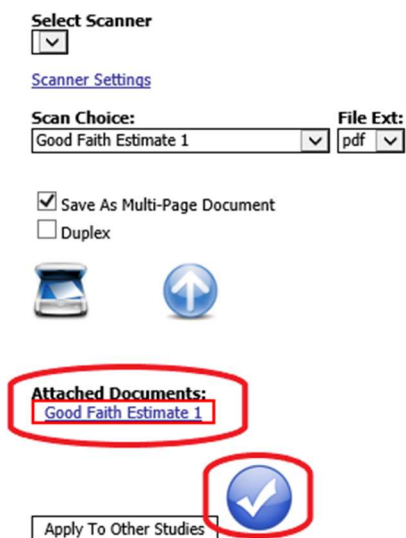
- b. Click the arrow pointing up



- c. Select the GFE from your documents and click Open






- d. Good Faith Estimate Unsigned will now appear in the Attached Documents, Click the Check Mark to close and add.



- e. Good Faith Estimate Unsigned Document will now be in Scan/Upload Documents for all staff to view



**View and Commands**

**Scan/Upload Documents:**  Good Faith Estimate 1   
[Good Faith Estimate 1](#) 

**Linked Documents:** Apply To Other Studies

**Inbound Documents:**

7. Add notes to the GFE
  - a. Click on GFE to edit task, Go to Step 3, complete the GFE and then Edit the Task



Order	Conf	Acc#	Tasks	Claim	Referrer	Floor	Room	Bed
		207238961	<b>GFE</b>		NOT ON STAFF, NOT ON STAFF			
		2072389650	<b>GFE</b>		NOT ON STAFF, NOT ON STAFF			

2 items in 1 pages

- b. In the Edit/Complete Task box add notes: GFE COMPLETED/EMAIL SENT TO PATIENT/GFE ADDED TO PATIENTS APPOINTMENT, Click Save Changes

**Edit / Complete task**

GFE COMPLETED/EMAIL SENT TO PATIENT/GFE ADDED TO PATIENTS APPOINTMENT

Good Faith Estimate   
 Due Date: MM/dd/yyyy 

Save Changes Perform Task

Task	Notes	Assigned By	Completed	Due	Q&A
<b>GFE</b> Good Faith Estimate	12/2/2022 10:24 AM GFE - MAMMO \$175/US \$75 TOTAL \$250 (A. Moeller)	Amy Moeller 12/2/2022			

Close Window

- c. All notes will be updated at the bottom of the task, Click Close Window to exit

Task	Notes	Assigned By	Completed	Due	Q&A
<b>GFE</b> Good Faith Estimate	<p>12/2/2022 10:57 AM GFE COMPLETED/EMAIL SENT TO PATIENT/GFE ADDED TO PATIENTS APPOINTMENT (A. Moeller)</p> <p>12/2/2022 10:24 AM GFE - MAMMO \$175/US \$75 TOTAL \$250 (A. Moeller)</p>	Amy Moeller 12/2/2022			

< >  
 Close Window

8. Keep the GFE Open, the Front Desk will close once the patient has performed the exam.