Thousand Oaks Pathology Associates
GENERAL MOLECULAR TESTING ESTIMATE

Good Faith Estimate for Health Care Items and Services

Patient		
Patient First Name	Middle Name	Last Name
Patient Date of Birth: _____/_____/_____		
Patient Identification Number:		
Patient Mailing Address, Phone Number, and Email Address		
Street or PO Box		Apartment
City	State	ZIP Code
Phone		
Email Address		
Patient's Contact Preference: [ ] By mail [ ] By email		
Patient Diagnosis		
Primary Service or Item Requested/Scheduled		
Patient Primary Diagnosis		Primary Diagnosis Code
Patient Secondary Diagnosis		Secondary Diagnosis Code

If scheduled, list the date(s) the Primary Service or Item will be provided: [ ] Check this box if this service or item is not yet scheduled
Date of Good Faith Estimate: _____/_____/_____
Provider Name - TOPA Pathologists Estimated TBD
Total Estimated Cost: TBD - Below are the most common pathology codes billed for general molecular testing. Cost will depend on the actual number of test/s required for a final diagnosis as determined by your physician.

]
Expiration Date [12/31/2022]]

Thousand Oaks Pathology Associates Estimate - GENERAL MOLECULAR TESTING

Provider/Facility Name		Provider/Facility Type
Street Address		
City	State	ZIP Code
Contact Person	Phone	Email
National Provider Identifier		Taxpayer Identification Number

Details of Services and Items for Thousand Oaks Pathology Associates

Service/Item	Diagnosis Code TBD on final dx	Service Code	Quantity	Expected Cost will depend on which test/s are required for final diagnosis.
	[ICD code]	[Service Code Type: Service Code Number]		
Chlamydia – Chlymd Trach, DNA, AMP Probe		87491	1	$95.00
N. Gonorrhoeae, DNA, AMP Probe		87591	1	$95.00
HPV High Risk		87624	1	$50.00
HPV Genotyping (16/18) and 45 if performed		87625	1	$50.00

]
Expiration Date [12/31/2022]]

Total Expected Charges from Thousand Oaks Pathology Associates: Cost will depend on the actual number of test/s required to determine a final diagnosis.
For questions concerning this Good Faith Estimate, please contact patient services at 1-805-267-0570

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/consumers 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/consumers 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.