

**Thousand Oaks Pathology Associates
MOLECULAR PANEL/S 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: <input type="checkbox"/> By mail <input type="checkbox"/> By email | | |
| Patient Diagnosis | | |
| Primary Service or Item Requested/Scheduled | | |
| Patient Primary Diagnosis | Primary Diagnosis Code | |
| Patient Secondary Diagnosis | Secondary Diagnosis Code | |

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

Thousand Oaks Pathology Associates Estimate MOLECULAR PANEL/S

| | | |
|------------------------------|------------------------|--------------------------------|
| 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 after final dx | Service Code | Quantity | Expected Cost will depend on which panel/s are required for final diagnosis. |
|--|--------------------------------------|--|----------|--|
| | [ICD code] | [Service Code Type: Service Code Number] | | |
| TP16 Respiratory Panel – Only used for United Healthcare, Cigna, & Aetna commercial payers - consist of 4 CPT codes listed below | | See below TP16 Panel | | Total Panel TP16= \$ 342.00 |
| TP16 - Respiratory Virus 3- 5 Targets | | 87631 | 1 | \$150.00 |

| | | | | |
|--|--|-------------------------------|---|-------------------------------|
| TP16 – Chymd Pheum, DNA, AMP Probe | | 87486 | 1 | \$48.00 |
| TP16 – M.Pneumon, DNA, AMP Probe | | 87581 | 1 | \$48.00 |
| TP16- Detect Agent NOS, DNA, AMP | | 87798 | 2 | \$96.00 |
| TP7 Respiratory Panel – Used for all other commercial payers not included in TP16 above | | See below – TP7 Panel | | Total Panel TP7 = \$664.00 |
| TP7 - Chylmd, Pneum, DNA, AMP Probe | | 87486 | 1 | \$48.00 |
| TP7 – M. Pneumon, DNA, AMP Probe | | 87581 | 1 | \$48.00 |
| TP7 – Resp Virus 12-25 Targets | | 87633 | 1 | \$472.00 |
| TP7 – Detect Agent NOS, DNA, AMP | | 87798 | 2 | \$96.00 |
| TP9 - Candida Panel | | See below – TP9 Panel | | Total Panel TP9 = \$144.00 |
| TP9 - Candida DNA AMP Probe | | 87481 | 3 | \$144.00 |
| GI Panel | | See below – GI Panel codes | | Total GI Panel = \$1115.80 |
| GI Panel - Infectious Agent Detection | | 87507 | 1 | \$568.00 |
| GI Panel – Nfet Agent Detection | | 87505 | 1 | \$179.61 |

| | | | | |
|--|--|-------|---|----------|
| GI Panel – Iadna- dna/rna probe tq 6-11 | | 87506 | 1 | \$368.19 |
|--|--|-------|---|----------|

**Total Expected Charges from Thousand Oaks
Pathology Associates: Cost will depend on the
actual number of panel/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.