



January 4, 2022

Dear Patient Name,

We are wishing you and your family a Happy New Year!

Betty Jean Kerr People's Health Centers (BJKPHC) has implemented a new federal law requirement known as the "Good Faith Estimate". This requirement assures that we inform the uninsured of the estimated cost of services they can expect to pay at our health centers. (See information below concerning Estimated Price Range for Services per Appointment).

Fee's Effective January 1, 2022:

For uninsured patients who qualify for the Sliding Fee Program there is a nominal fee for medical services (\$20) and dental services (\$50). If you do not apply nor qualify for the Sliding Fee Program, you will be billed at 100%, and the nominal fee increases to \$75 for both medical and dental services. These fees are due on the appointment date, regardless of qualifications.

**Estimated Price Range for Services per appointment:**

<b>Pharmacy</b>	<b>Medical</b>	<b>Dental</b>
\$6.50 to \$300**	\$97.00 to \$245.00*	\$35.00 to \$345*

For questions or more information about your right to a Good Faith Estimate, visit [www.cms.gov/nosurprises](http://www.cms.gov/nosurprises) or call 1-800-985-3059.

\*This does not include any unknown or unexpected costs that may arise during treatment.

\*\*Costs may increase for specialty or brand name medications. Please consult with the pharmacy representative during your visit to learn more.

**Disclaimer**

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

*If you qualify for the sliding fee program and are billed more than \$400 above the amount on this Good Faith Estimate, you may contact BJKPHC or 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).*

*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).*



**Federal Poverty Guidelines  
Sliding Fee  
Scale**

**Effective January 3, 2022**

	<b>100%</b>	<b>101%-133%</b>	<b>134%-166%</b>	<b>167%-200%</b>	<b>Over 200%</b>
<b>Size of</b>	<b>100% Discount</b>	<b>75% Discount</b>	<b>50% Discount</b>	<b>25% Discount</b>	<b>0% Discount</b>
<b>Family Unit</b>	<b>Minimum Fee</b>	<b>25% Pay</b>	<b>50% Pay</b>	<b>75% Pay</b>	<b>100% Pay</b>
1	0 – 12,880	12,880 – 17,130	17,131 – 21,381	21,381 – 25,760	25,761 & Over
2	0 – 17,420	17,421 – 23,169	23,170 – 28,917	28,918 – 34,840	34,841 & Over
3	0 – 21,960	21,960 – 29,207	29,208 – 36,454	36,455 – 43,920	43,921 & Over
4	0 – 26,500	26,501 – 35,245	35,246 – 43,990	43,991 – 53,000	53,001 & Over
5	0 – 31,040	31,041 – 41,283	41,284 – 51,526	51,527 – 62,080	62,081 & Over
6	0 – 35,580	35,581 – 47,321	47,322 – 59,063	59,064 – 71,160	71,161 & Over
7	0 – 40,120	40,121 – 53,360	53,361 – 66,599	66,600 – 80,240	80,241 & Over
8	0 – 44,660	44,661 – 59,318	59,319 – 74,036	74,037 – 89,200	89,201 & Over

Family units with more than 8 members, add \$4,540 for each additional member.

**\*\*THERE IS A NOMINAL CHARGE OF \$20.00 FOR ALL SELF-PAY MEDICAL PATIENTS.**

**\*\*THERE IS A NOMINAL CHARGE OF \$50.00 FOR ALL SELF-PAY DENTAL, PODIATRY AND OPTOMETRY PATIENTS.**