

REQUEST FOR ESTIMATE

- ✓ Please complete the information below if you are requesting an estimate for services.
- ✓ Your request will be processed within three business days.
- ✓ **Please note that all information listed below is required in order to process your request.*
- ✓ *If you do not have the CPT / Procedure Code(s), please contact your doctor's office to obtain this information.*

Is the service scheduled: **yes** **no**

Patient Name:

Patient Date of Birth:

E-mail Address:

Phone Number:

Name of Insurance (enter self-pay if no insurance for this visit):

Insurance Policy Number:

Group Number:

Name of Procedure and CPT / Procedure Code(s) for pricing estimate:

The above estimate is not a quote or a guarantee of pricing. Your cost may be higher or lower and is based on the actual services rendered, your provider's treatment choices, complications, your particular health care needs and the details of your insurance coverage. The above estimate does not include additional charges for anesthesia or certain physician fees that are billed separately.

All patients are encouraged to check with their insurance company to confirm coverage and benefits. You will be responsible for paying the actual amount owed based on the services provided.

If you have additional questions related to the information above, please contact the Estimate Priceline by calling 864-454-2285.