

Lake Area Recovery Center

2801 C Court, Ashtabula OH 44004 Phone (440)998-0722

Good Faith Estimate for Health Care Items and Services

Patient Name	
Patient Date of Birth	
Patient Mailing Address (City, State, Zip)	
Patient Phone	
Patient Email	
Patient's Contact Preference	<input type="checkbox"/> By Mail <input type="checkbox"/> By Email <input type="checkbox"/> By Phone

Patient Diagnosis (if determined)	
Primary Service or Item Requested/Scheduled:	
Patient Primary Diagnosis and Primary Diagnosis Code:	
Patient Secondary Diagnosis and Secondary Diagnosis Codes:	
If scheduled, list the date(s) the Primary Service or Item will be provided:	
Date of Good Faith Estimate:	

Summary of Expected Charges

(See itemized estimate attached for more detail.)

Provider Name:		Estimated Total Cost:	
Provider Name:		Estimated Total Cost:	
Provider Name:		Estimated Total Cost:	
Provider Name:		Estimated Total Cost:	
Provider Name:		Estimated Total Cost:	
Provider Name:		Estimated Total Cost:	

Total Estimated Cost: \$ _____

*Expected charges (listed above) include services and items for this episode of care only, it does not include additional recommended treatment once the original recommended treatment is completed and/or if change in level of care is needed or requested. Additional Good Faith Estimate will be provided upon request.

Estimate

Provider/Facility Name:	Lake Area Recovery Center
Provider/Facility Type:	
Street Address:	2801 C Ct, Ashtabula OH 44004
Contact Person:	Julie Ellis (440)998-0722 billing@lakearearecovery.org
National Provider Number:	1649332438
Taxpayer Identification Number:	346608640

Details of Services and Items

Service/Item	Address where service will be provided	Diagnosis Code	Service/ Procedure Code	Quantity	Expected Cost

Total Expected Charges: \$

Additional Health Care Provider/Facility Notes:

When a client has a substance in their urine drug screen that is unidentifiable it is sent to Millennium Lab Testing to identify the source of the substance - you will receive a separate bill from Millennium Lab Testing in this case.

Health Care Items/Services Expected to Be Separately Scheduled with Another Provider or Facility

DISCLAIMER: For health care items/services listed below, separate good faith estimates will be issued upon scheduling or upon request. Specific information such as the names and identifiers for the providers or facilities that may furnish the services, diagnosis codes (if required for the calculation of the GFE), service codes, and expected charges will be provided in separate good faith estimates once these items or services are scheduled (or upon request).

Service/Item	Provider/Facility
Urine Drug Screen	Millennium Health 16981 Via Tazon San Diego CA 92127 (877)451-7337 Monday-Friday 6:00am-4:00pm PT customerservice@millenniumhealth.com

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, and your bill is \$400 or more for any provider or facility than your Good Faith Estimate for that provider or facility, federal law allows you to dispute the bill.

The Good Faith Estimate is not a contract and does not require the uninsured (or self-pay) individual to obtain the items or services from any of the providers or facilities identified in the Good Faith Estimate.

If you are billed for more than this Good Faith Estimate, you may 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.

If you dispute your bill, the provider or facility cannot move the bill for the disputed item or service into collection or threaten to do so, or if the bill has already moved into collection, the provider or facility has to cease collection efforts. The provider or facility must also suspend the accrual of any late fees on unpaid bill amounts until after the dispute resolution process has

concluded. The provider or facility cannot take or threaten to take any retributive action against you for disputing your bill

There is a \$25 fee to use the dispute process. If the Selected Dispute Resolution (SDR) entity reviewing your dispute agrees with you, you will have to pay the price on this Good Faith Estimate, reduced by the \$25 fee. If the SDR entity 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, email FederalPPDRQuestions@cms.hhs.gov, 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.

PRIVACY ACT STATEMENT: CMS is authorized to collect the information on this form and any supporting documentation under section 2799B-7 of the Public Health Service Act, as added by section 112 of the No Surprises Act, title I of Division BB of the Consolidated Appropriations Act, 2021 (Pub. L. 116-260). We need the information on the form to process your request to initiate a payment dispute, verify the eligibility of your dispute for the PPDR process, and to determine whether any conflict of interest exists with the independent dispute resolution entity selected to decide your dispute. The information may also be used to: (1) support a decision on your dispute; (2) support the ongoing operation and oversight of the PPDR program; (3) evaluate selected IDR entity's compliance with program rules. Providing the requested information is voluntary. But failing to provide it may delay or prevent processing of your dispute, or it could cause your dispute to be decided in favor of the provider or facility.