

Notice of Good Faith Estimate (GFE)

The purpose of this document is to let you know about your protections from unexpected medical bills under the No Surprises Act. You are receiving this GFE as you have indicated that you will be either uninsured, you wish us to treat you as self-pay, or we have informed you that your insurance considers our facility “out-of-network” which may increase your out-of-pocket expenses.

Patient Name: _____ DOB _____

Reason for Visit: _____

Appointment Date: _____

Description of Primary Expected Service and Related Estimates: _____

Preventive Codes			E&M Codes (New and Established Patient)		
99391	< 1yr	\$185	99202	\$150	99212 \$95
99392	1-4	\$205	99203	\$205	99213 \$135
99393	5-11 yrs	\$215	99204	\$285	99214 \$185
99394	12-17	\$225	99205	\$350	99215 \$265
99395	18-39	\$225	EKG: 93000		\$60
99396	40-64	\$245	Mirena: J7298 + 58300		\$1400 + 195
99397, AWV	65+	\$270	Nexplanon: J7307 + 58300		\$1400 + 195
Employment Physical	99214	\$185	Urinalysis: 81000	\$20	UCG, pregnancy: 81025 \$22
TB Skin Test: 86580		\$15	Vasectomy: 55250	\$640	Influenza Swab: 87804 \$38
Strep Screen: 87880		\$45	Vaccine Admin: 90471	\$30	Injection Admin: 96372 \$50
Pneumonia Vacc: 90732 + 90471		\$190	Flu Vacc: 90661 & 90471	\$65	Tdap Vacc: 90715 + 90471 \$100

(Global OB Care is not included in this estimate. Please ask for the OB billing specialist for all OB estimates.)

Diagnosis Codes: _____

Z00.00 - Well Adult	Z00.129 - Well Child Check	I10 -HTN	E11.X – Diabetes
Z34.XX Pregnancy	R05.9 – Cough	J02.9 – Sore Throat	R50.9 – Fever
R21 – Rash	R10.9 – Stomach Pain	R19.7 – Diarrhea	Z30.9 – Birth Control
H92.0X – Ear Pain	R30.9 - Painful Urination	R52 – Body Aches	Z23 - Immunization

Please note that this document is an estimate based on your communication with our reception staff. The applicable services including CPT and ICD codes will be chosen and documented by your medical provider. Prescriptions, Labs, Diagnostic Imaging, and referrals will be ordered based on your provider’s medical orders.

The following are common:

Lab Tests (performed by PRMC): Please tell PRMC Lab Technician that you wish to use LabDIRECT Pricing for self-pay pricing.

CBC:	\$15.00	Chem 14:	\$20	Lipid Profile:	\$25	Glucose:	\$10
A1c:	\$40	PSA:	\$35	Thyroid Panel:	\$50	Vit D:	\$50

Other: _____

Prescription Pricing: If you know the exact prescription refill that you will be needing, we encourage you to call your preferred pharmacy for your estimate. The following range is for commonly used antibiotics based on the GoodRx Prescription Drug Savings Card. Please ask any staff member for a card or download the GoodRx app from the App Store on your smartphone or device.

GoodRx Prices purchased at Walmart in Pratt, Kansas: \$13.52 - \$24.16

Other: _____

Diagnostic Imaging: It can be difficult to estimate the diagnostic imaging that may be ordered as it is dependent upon a variety of factors. If you have an injury or you feel as though you need further testing, please communicate that to our receptionist so that we can get more information from PRMC or your choice of facility:

Description and Price:

Preventive Screenings: (Colonoscopy, Mammogram, etc)

Description and Price:

Total Estimated Cost of Care: _____

The No Surprises Act enables patients to initiate disputes when this GFE results in patient balances exceeding \$400 of this estimate. If you need more information, please contact PFP at 620-672-7422 or the CMS No Surprises Helpdesk at 1(800)985-3059.

Estimate Prepared by: _____ (staff) _____ (date)

Estimated Delivered by:

Mail: _____ (address)

Email: _____ (with patient/guarantor permission only)

Patient Picked Up at Facility

Last Updated: 9/19/2025