



UROLOGY, P.C.

5500 Pine Lake Road Lincoln, Nebraska 68516 (402) 489-8888 Fax (402) 421-1945

Good Faith Estimate for Health Care Items and Services

Provider	NPI	Provider	NPI
Urology, P.C.	1356364335	Lance Wiebusch, M.D.	1154442507
Tax ID: 47-0540928		David Wiltfong, M.D.	1467475731
Thomas Brush, M.D.	1669889200	Heidi Beynon Solano, PA-C	1174637029
Jonathan Henning, M.D.	1518120823	Cason Bock, PA-C	1871525402
Don Henslee, M.D.	1285657551	Jacob Creevan, PA-C	1073247748
Tara M Kirkpatrick, M.D.	1518227958	Lillie Lueke, APRN	1831708817
Andrew Lepinski, M.D.	1902829989	Simone Vampola, APRN	1558709832
Logan McGuffey, M.D.	1033524582	Katherine Wolverton, APRN	1033851282
AJ (Aaron James) Pomajzl, M.D.	1932550084	Tiffany A Wood, PA-C	1770886491

Patient Name:

Patient DOB:

Date Estimate Provided:

Date of Appointment:

Primary item/Service: Established Patient Office Visit

Primary Item/Service Codes: 99211, 92212, 92213, 992014, 99215

Expected Charges for Primary Item/Service Codes: Depending on the amount of time the provider spends with you and how much documentation the provider has to review of your past medical history and diagnostic tests reviewed, the provider chooses a service code listed above. The average the office visit charge only is **\$190.00**.

Additional diagnostic items/services that may be furnished: In order for the provider to appropriately diagnose your Condition, they may recommend testing. This may or may not be performed in-house. The following items may be performed in-house on the day of your visit. For those items the provider orders that would be performed at a later date, you will be given a separate estimate at the time of scheduling.

Item	Service Code	Expected Charge	Item	Service Code	Expected Charge
Urinalysis	81001	\$18.00	BVI (Bladder Volume Index)	51798	\$74.00
Venipuncture	36415	\$23.00	Blood Metabolic Panel	80047	\$32.00
Urine Flow	51736	\$90.00	Creatinine	82565	\$29.00
Blood Urea Nitrogen	84520	\$28.00	PSA (Prostate Specific Antigen)	84153	\$76.00
Testosterone	84403	\$120.00	KUB/X-ray	74000	\$86.00

Diagnosis Codes: Unknown until examined by a health care provider

Total Cost = Office visit + additional diagnostic items

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 or call 1-877-267-2323.

For questions or more information about your right to a Good Faith Estimate or the dispute process, visit www.cms.gov/nosurprises or call 1-877-267-2323.

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.