



COMPLETE CARE.

302.998.0300
www.entad.org

Welcome and thank you for choosing ENT & Allergy of Delaware for your otolaryngology, audiology, and allergy needs. As a self-pay patient, you are entitled to a good faith estimate, which outlines the potential costs associated with your evaluation and treatment in our office.

The good faith estimate below is based on a suggested treatment plan for you. This treatment plan may change during our time together and you are entitled to an updated good faith estimate at any time. The information provided in this estimate, and any subsequent estimate, is only an estimate and actual items, services, and charges may be different. At any point during treatment, you have the right to engage in dispute resolution if the actual costs of services significantly exceed those listed in the estimate below. This estimate does not obligate you to continue treatment or obtain any of the listed services from ENT & Allergy of Delaware.

<u>New Patient Visits</u>		
Level 2 New Patient Visit	99202	\$105
Level 3 New Patient Visit	99203	\$161
Level 4 New Patient Visit	99204	\$240
Level 5 New Patient Visit	99205	\$317
<u>Established Patient Visits</u>		
Level 1 Est. Patient Visit	99211	\$33
Level 2 Est. Patient Visit	99212	\$81
Level 3 Est. Patient Visit	99213	\$131
Level 4 Est. Patient Visit	99214	\$185
Level 5 Est. Patient Visit	99215	\$259
<u>Procedures</u>		
FNA w/o Image	10021	\$149
Control of Nosebleed	30903	\$361
Diagnostic Laryngoscopy	31575	\$186
Nasal Endoscopy	31231	\$287
Nasal/Sinus Endoscopy	31237	\$370
Drainage of Tonsil Abscess	42700	\$283
Clear Outer Ear Canal	69200	\$118
Clean Mastoid Cavity	69222	\$318
Remove Impacted Wax	69210	\$68
Incision of Eardrum	69420	\$280
Create Eardrum Opening	69433	\$294

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<u>Audiology</u>		
Tymp. & Acoustic Reflex Testing	92550	\$32
Comprehensive Hearing Test	92557	\$55
Tympanometry	92567	\$24
Evoked Auditory TestI hav	92587	\$32
Evoked Auditory Test	92588	\$49
<u>Allergy</u>		
Allergy Skin Test	95004	\$7/unit
Patch Testing (True Test, Supplemental, Metal)	95044	\$7.92/ unit
Intradermal Test	95024	\$12/unit
Immunotherapy (1 Injection)	95115	\$13
Immunotherapy Injection	95117	\$19
Antigen Therapy Service	95165	\$ 23/unit
Allergy Drops	SLIT	\$ 160/2 mo supply

This good faith estimate lists services that will be furnished at ENT & Allergy of Delaware and applies to all providers in this practice.

By signing this document, you acknowledge that you have received and understand your financial responsibilities to this practice, if you choose to receive services. If you would like to seek reimbursement from your health insurance, we can provide a superbill at the end of your visit(s). Please note that our rates may be different from your insurance reimbursement rate and reimbursement rates could be lower. We recommend that you check with your insurance provider for rates and coverage of services.

Patient Signature: _____ Date: _____

Name: _____ DOB: _____ Acct # _____

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