

Good Faith Estimate

How much you will pay will depend on your income. We offer discounts off our regular charges based on a person's income and the number of people in their household. When you visit CCHC, our staff will help you determine which payment group you belong to.

Please see below to learn more about our payment groups and the information you must bring to your appointment to determine which payment group you belong to.

Please review below list of available services and select the one that applies to your visit type/reason for your visit.

Primary & Ob/GYN Care	Self-Pay 1	Self-Pay 2	Self-Pay 3	Self-Pay 4	Self-Pay 5
Office Visit	\$ 40	\$ 45	\$ 50	\$ 55	Full Fee
Nurse Visit	\$ 5	\$ 10	\$ 15	\$ 20	Full Fee
Specialty Care					
Office Visit	\$ 60	\$ 65	\$ 70	\$ 75	Full Fee
Behavioral Health Care					
Office Visit	\$ 20	\$ 30	\$ 40	\$ 50	Full Fee
Optometry Care					
Eye Exam	\$ 40	\$ 45	\$ 50	\$ 60	Full Fee
Family Planning Services					
Office Visit	\$ 40	\$ 45	\$ 50	\$ 55	\$ 60
Dental Care					
Visit & Diagnostics	\$ 40	\$ 43	\$ 55	\$ 68	Full Fee
Restorative Filling, Periodontal, Prosthetic, R&M, Oral & Maxillofacial Surgery	\$ 110	\$ 138	\$ 179	\$ 221	Full Fee
Restorative Crown	\$ 120	\$ 172	\$ 224	\$ 276	Full Fee
Restorative R&M, Adjunctive Services	\$ 40	\$ 57	\$ 74	\$ 91	Full Fee
Endodontic	\$ 145	\$ 148	\$ 192	\$ 236	Full Fee
Prosthetic new	\$ 245	\$ 345	\$ 449	\$ 552	Full Fee
Labs					
Lab Results	\$ 11	\$ 12	\$ 14	\$ 15	Full Fee
Delivery Care					
Delivery Care	\$ 150	\$ 200	\$ 300	\$ 400	Full Fee

Important Notes: This Good Faith Estimate is based on our understanding of your needs as of today. While caring for you, our providers may recommend additional services that are not listed here. Your actual charges may vary from this estimate. This estimate is not a contract and does

not require you to get services from CCHC. If your actual charges are more than \$400 above this estimate, you can initiate a provider-patient dispute resolution process. Starting a dispute resolution process will not reduce the quality of health services you receive at CCHC

How CCHC Determines Your Payment Group

A patient's Payment Group is based on the number of people in their household and their total income, using the chart below.

FAMILY SIZE	Self-Pay 1	Self-Pay 2	Self-Pay 3	Self-Pay 4	Self-Pay 5
1	\$ 12,880	\$ 17,774	\$ 19,320	\$ 25,760	Above \$25,760
2	\$ 17,420	\$ 24,040	\$ 26,130	\$ 34,840	Above \$34,840
3	\$ 21,960	\$ 30,305	\$ 32,940	\$ 43,920	Above \$43,920
4	\$ 26,500	\$ 36,570	\$ 39,750	\$ 53,000	Above \$53,000
5	\$ 31,040	\$ 42,835	\$ 46,560	\$ 62,080	Above \$62,080
6	\$ 35,580	\$ 49,100	\$ 53,370	\$ 71,160	Above \$71,160
7	\$ 40,120	\$ 55,366	\$ 60,180	\$ 80,240	Above \$80,240
8	\$ 44,660	\$ 61,631	\$ 66,990	\$ 89,320	Above \$89,320

9	\$ 49,200	\$ 67,896	\$ 73,800	\$ 98,400	Above \$98,400
10	\$ 53,740	\$ 74,161	\$ 80,610	\$107,480	Above \$107,480
11	\$ 58,280	\$ 80,426	\$ 87,420	\$116,560	Above \$116,560
12	\$ 62,820	\$ 86,691	\$ 94,230	\$125,640	Above \$125,640

Once you know your Payment Group and the services you should expect to receive, you can figure out how much you should expect to pay. Here's an example:

A patient comes in for a regular medical visit. He has 4 people in his household, and CCHC counts his total income as \$38,000. Using the chart above, he is in Self-Pay Category "3". CCHC's charges for a regular medical visit are:

Service	Fee by Self-Pay Category				
	A	B	C	D	E
Regular medical visit	\$10	\$45	\$80	\$115	\$150

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