SIPS

SOUTHERN INTERVENTIONAL PAIN SPECIALISTS

Good Faith Estimate of Expected Charges

For uninsured or self-pay patients - this is an estimate, not a bill

Patient name: _____ DOB: _____

Estimate date: _____ Scheduled date: _____

Diagnosis / reason: _____ Estimate ID: _____

Expected SIPS Charges

Item / service	Code (if known)	Expected charge
		$
		$
		$
		$
TOTAL EXPECTED SIPS CHARGES		$

This estimate reflects information known when prepared and is not a contract or bill. Actual care and charges may change if your clinical needs change. This estimate covers expected charges from Southern Interventional Pain Specialists, PLLC. Separate providers or facilities may provide separate estimates.

If a billed charge from a provider or facility is at least $400 more than that provider's or facility's Good Faith Estimate, you may be eligible for the federal patient-provider dispute resolution process. Keep a copy of this estimate.

Questions: 601-891-5524 | Federal No Surprises Help Desk: 1-800-985-3059

Prepared by: _____ Date: _____

Patient/representative acknowledgment (optional): _____ Date: _____

SIPS Privacy / Civil Rights Contact
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