

Indiana House Bill 1004: Practitioner Good Faith Estimates Practitioner Billing Decision Tree Effective July 1, 2020

1. Is the individual a patient? If Yes , move to number 2.	No	No obligation to give notice of charges or a good faith estimate if
2. Is the patient a Medicaid beneficiary? If No , move to number 3.	Yes	requested.
3. Is the procedure an emergency service? If No , move to number 4.	Yes	
4. Did patient request an estimate? If Yes , move to number 5.	No	Estimate not required, but practitioners must give a good
5. Is the practitioner a dentist or optometrist? If No , move to number 6.	Yes	faith estimate beginning 7/1/21 for insured patients.
		Practitioner must:
6. Has a health care service been ordered, scheduled, or referred?	Yes →	 Request information for services and costs from health carrier and provider facility, when applicable. Provide a good faith estimate to patient within 5 business days of
Good Faith Estimate Contents:		

- A summary of the services and materials the estimate is based on.
- The price the practitioner will charge the individual and the price the • provider facility where service is provided will charge for the following:
 - use of the provider facility to care for the individual for the service; 0 the services rendered by staff of the provider facility in connection 0
 - with the service; and medication, supplies, equipment, and material items to be provided 0 to the individual while present in the provider facility; for imaging, lab, diagnostic, therapy, observation and other services expected to be provided for the episode of care.
- Specify that estimate is not binding practitioner, the estimate may vary based on medical need, and the estimate is only valid for 30 days.
- Must include the total sum and may include the patient's out-of-pocket costs.

- the request.
- Via mail, email, or mobile app (patient's choice).
- Update notice if the health carrier or provider facility does not timely provide cost information to practitioner (within 2 days of request).

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