

## **REQUEST A WRITTEN COST ESTIMATE**

Thank you for considering Lawrence General Hospital for your upcoming procedure. **If you are currently covered under a health insurance plan, please contact your insurance provider to obtain a Cost Estimate.** If you are not currently covered by a health insurance plan, you may contact our Financial Counseling Office at 978-683-4000, ext. 2069, 2820 or ext. 2833. The Financial Counseling Office can inform you of the options available to you.

Use this form, if you are an **Uninsured** patient and would like to get an estimate of your financial responsibility for an upcoming service or procedure. Fill out the form completely by following the instructions and by obtaining the required information from your provider.

**Important information about this estimate:** All estimates are based on the information provided by the prospective patient. The Estimate does not include additional tests or procedures, and non-hospital related charges such as anesthesiologists, radiologists, pathology, which may increase the final cost of the services provided. The cost estimates only reflect those services listed on the form. Please check with your Provider that you have been given the information for all anticipated services. Note that for many types of services, there are typically separate charges from multiple providers. If you have questions or need help, please call the **Cost Estimator Hotline** at **978-683-4000 ext. 3367** or email us at [costestimator@lawrencegeneral.org](mailto:costestimator@lawrencegeneral.org)

**How to submit the form to us:** Please fill out **Section 1** (Patient Information) completely. Have your **Provider** complete the Procedure information in **Section 2**.

- Mail the completed form to: **Lawrence General Hospital, Attn: Cost Estimator-Patient Accounts Department, 1 General Street, PO Box 189, Lawrence, MA 01842-0389**
- **Or Fax your form to: 978-946-8039**

## Request a Written Cost Estimate for Services

SECTION 1: PATIENT INFORMATION (Please fill out completely)		
<b>NOTE:</b>	<b>IF YOU ARE COVERED BY INSURANCE- <u>DO NOT COMPLETE THIS FORM.</u> PLEASE CONTACT YOUR INSURANCE CARRIER FOR A COST ESTIMATE</b>	
<b>PREFERRED LANGUAGE</b>	<input type="checkbox"/> ENGLISH <input type="checkbox"/> SPANISH <input type="checkbox"/> OTHER LANGUAGE:	
<b>NAME:</b>		
<b>PHONE NUMBER:</b>	(     )	
<b>STREET:</b>		
<b>CITY:</b>		
<b>STATE:</b>		<b>ZIP CODE:</b>
<i>The Estimate will be mailed out within 2 business days to your address that you have provided above. Should we have a question, we will call you at your phone number that you have provided to us.</i>		
SECTION 2: PROCEDURE INFORMATION (Detail Procedure/Diagnosis or MS-DRG codes as well as description will help facilitate our completion of this Estimate. Your physician will provide you with this information.)		
PLEASE HAVE YOUR PROVIDER FILL OUT THE SECTION BELOW:		
<b>SERVICES PROVIDED AT:</b>	LAWRENCE GENERAL HOSPITAL	LGH NPI # 1750381281
PROCEDURE CODES	DIAGNOSIS CODES	MS-DRG

**Procedure Code/CPT Code** (Current Procedural Terminology), which identifies treatment being performed, or **HCPCS Code** (Health Care Procedural Coding System), which identifies outpatient services being performed. **Diagnosis Codes (one per procedure if available)** ICD-9 Code (International Classification of Diseases, Volume 9), which identifies diagnosis. **MS-DRG – Medicare Severity Diagnosis Related Groups.**