



Good Faith Estimate Disclaimer

By law, we are required to provide **all** uninsured/self-pay patients a good faith estimate for scheduled visits.

The good faith estimate you have received was generated based on what you have requested to be seen for. We have provided, with our best knowledge of your requirements for care, what you are likely to owe out of pocket for services rendered.

The good faith estimate you have received is an *estimate only* and is subject to change. There may be additional items or services not contained in this estimate that are recommended by the provider as part of your course of care. These items **must** be scheduled separately and are not reflected in today's estimate; however, you may obtain another estimate for any other visits and procedures recommended. Please notify the checkout desk so they can have the billing department contact you. You could be charged more if there are complications or special circumstances. Federal law allows you to dispute the bill if this occurs.

You have the right to initiate a patient-provider dispute if the actual billed charges are \$400 more than the expected charges included in the good faith estimate. Disputes must be filed within 120 calendar days. You may initiate a dispute by printing down and filling out a dispute form from our website, skinvt.com or calling 802-864-0192. You may also start a dispute with the U.S. Department of Health and Human Services (HHS). You may inquire with them at cms.gov/nosurprises or 1-877-696-6775. They require a \$25 fee to use their dispute process.

Please note that the good faith estimate is *not* a contract and you are not required to obtain these services. You may cancel your appointment if you do not wish to be seen after receiving this estimate. If you have insurance we don't participate with, you may receive these services from a different office that does participate. If you choose to go elsewhere, you understand that their charges differ from ours.

These good faith estimates are valid for the following locations:

Four Seasons Dermatology- 354 Mountain View Dr. Suite 300, Colchester VT 05446

Four Seasons Dermatology- 2 Healey Ave, Plattsburgh NY 12901

Four Seasons Dermatology- 110 Porter Dr., Middlebury VT 05753

Four Seasons Dermatology- 28 Stowe St., Waterbury VT 05676

Ph: 802-864-0192

Fax: 802-860-4919

Web: skinvt.com

Email: billing@skinvt.com

Tax ID- 201257176

NPI- 1790737393

Disclaimer for Pathology and Laboratory Services

If you have had anything biopsied or excised today, it will be sent to either UVM Pathology or Vermont Dermatopathology. Please understand that these offices are **not** affiliated with Four Seasons Dermatology and have their own fee schedules, meaning you will get a separate statement from their office.

Pathology services can range from \$174-\$500.

If you are concerned about the cost of pathology services, you may elect not to have any procedures performed.