

GOOD FAITH ESTIMATE



I. PATIENT INFORMATION

Name	
Date of Birth	
Account #	
Date of GFE	
Date of Service	___ check if not scheduled
Provider Name	

II. DELIVERY PREFERENCE (PLEASE CHECK ONE AND INCLUDE ADDRESS)

<input type="checkbox"/> Mail	Address:
<input type="checkbox"/> Email	Address:

III. SERVICE/PROVIDER INFORMATION

Name: ENT of Athens

Location (check one)

- 150 Nacoochee Street Athens, GA 306061
- 8130 Macon Highway Athens, GA 30606

Provider Name	
NPI	
Tax ID	

The following is a detailed list of expected charges for the scheduled/requested services. The estimated costs are valid for 12 months from the date of the Good Faith Estimate.

