

PATIENT RESPONSIBILITY ESTIMATOR

CGM MEDISOFT

Practice Management and EHR

Get Paid for Your Services

Set your patient's financial expectations up front with Patient Responsibility Estimator for **CGM MEDISOFT EDI**.

Patient Responsibility Estimator allows providers to calculate what a patient will owe the practice for services rendered. This is an important part of ensuring compliance with the No Surprises Act.

Go even further with **CGM PAY**. Collect the estimated payment up front or set up a convenient patient payment plan.

Improve Patient Collections

Individualized, out-of-pocket estimates help a patient understand what they will owe. Realistic expectations increase the likelihood of a patient payment, and that means fewer write-offs from unpaid patient balances.

Pre-Calculate Out-of-Pocket Costs

Patient Responsibility Estimator pre-calculates a patient's financial responsibility using data from previous payments, physician and facility fees, and the patient's own benefit information.

Increase Satisfaction

Patients appreciate the transparency and improved communication. Your staff will also benefit from a reduction in difficult and time-consuming financial conversations with patients.


Contact us to learn more

Advanced Micro Clinical Solutions

E-mail: Sales@admcsi.com

Web: www.admcsi.com

Phone: **973.428.3318**



Patient Information			
Member ID	DEMO		
Patient Name	SRILATHA SMITH		
Patient Plan	PRE AETNA		
Patient Phone Number	(880) 113-5809		
Patient Address	123 EL DORADO TERR DALARAN, GA 30009		

Estimate Details			
Procedure	Description	Charged	Allowed
11102	Tangential Skin Biopsy Single Lesion	\$294.00	\$83.75
17110	DESTRUCT B9 LESION, 1-14	\$330.00	\$328.00
88305	TISSUE EXAM BY PATHOLOGIST	\$218.98	\$217.40
99214	OFFICE/OUTPATIENT VISIT, EST	\$195.00	\$170.00
Estimated Amount			\$1,037.98
Copayment Amount			\$0.00
Coinsurance Amount			\$119.87
Deductible Amount			\$0.00
Allowed Amount			\$799.15
Total Estimated Patient Responsibility			\$119.87

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Based on your coverage and our contract with your insurance company we are providing this good faith estimate of your financial responsibility. This amount is not the final bill, which may be more or less, depending on the final determination of coverage and other factors such as service dates, unknown or unexpected costs, or procedures performed, complications or special circumstances.