



# GPW Health Center

*Dedicated to Your Health!*

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## Good Faith Estimate – Uninsured Patient

Disclaimer: This Good Faith Estimate shows the costs of items and services that are reasonably expected for your health care needs for an item or service. The estimate is based on information known at the time the estimate was created. The Good Faith Estimate does not include any unknown or unexpected costs that may arise during treatment. You could be charged more if complications or special circumstances occur.

This Good Faith Estimate does not apply to any insured patient. Insured patient must review their insurance card and policy for co-pays, co-insurance, deductibles, etc. Any questions regarding the cost to the insured patient, the insured patient must contact their insurance company – GPW Health Center cannot answer any questions about an insured patient insurance.

Adult Medical and Pediatrics									
New Patient or Physical									
Discount 1		Discount 2		Discount 3		Discount 4		No Discount	
Office Visit	\$45	Office Visit	\$50	Office Visit	\$55	Office Visit	\$60	Office Visit	\$152 - \$231
5 Labs	\$100	5 Labs	\$115	5 Labs	\$130	5 Labs	\$150	5 Labs	\$300
Total	\$145	Total	\$165	Total	\$185	Total	\$210	Total	\$452 - \$531
Established Patient - General Office Visit									
Office Visit	\$45	Office Visit	\$50	Office Visit	\$55	Office Visit	\$60	Office Visit	\$102 - \$150
2 Labs	\$40	2 Labs	\$46	2 Labs	\$52	2 Labs	\$60	2 Labs	\$130
Total	\$85	Total	\$96	Total	\$107	Total	\$120	Total	\$232 - \$280
Established Patient - (1) Chronic Condition Office Visit									
Office Visit	\$45	Office Visit	\$50	Office Visit	\$55	Office Visit	\$60	Office Visit	\$102 - \$150
4 Labs	\$80	4 Labs	\$92	4 Labs	\$104	2 Labs	\$120	4 Labs	\$240
Total	\$125	Total	\$142	Total	\$159	Total	\$180	Total	\$342 - \$390
(1) Chronic Condition (example: diabetes, high blood pressure)									

OBGYN									
(2) OB- Prenatal Care									
Discount 1		Discount 2		Discount 3		Discount 4		No Discount	
Contract		Contract		Contract		Contract		Contract	
Total	\$1,040	Total	\$1,160	Total	\$1,420	Total	\$1,680	Total	\$2,584
(2) Prenatal Care Contract includes 16 visits and 18 labs									
(3) Gynecology									
Office Visit	\$45	Office Visit	\$50	Office Visit	\$55	Office Visit	\$60	Office Visit	\$152 - \$231
(3) Gynecology pricing excludes annual exam and colposcopy procedures									

Behavioral Health				
New Patient				
Discount 1	Discount 2	Discount 3	Discount 4	No Discount
Initial Evaluation \$30	Initial Evaluation \$40	Initial Evaluation \$50	Initial Evaluation \$60	Initial Evaluation \$100
Established Patient - Follow Up Sessions				
30 min session \$20	30 min session \$25	30 min session \$30	30 min session \$35	30 min session \$60
45 min session \$25	45 min session \$30	45 min session \$40	45 min session \$50	45 min session \$80
60 min session \$35	60 min session \$50	60 min session \$60	60 min session \$70	60 min session \$120

Dental				
Annual Exam				
Discount 1	Discount 2	Discount 3	Discount 4	No Discount
Oral Exam \$20	Oral Exam \$25	Oral Exam \$30	Oral Exam \$35	Oral Exam \$78
Full Mouth X-ray \$40	Full Mouth X-ray \$55	Full Mouth X-ray \$70	Full Mouth X-ray \$85	Full Mouth X-ray \$156
Total \$60	Total \$80	Total \$100	Total \$120	Total \$234
Semi - Annual Exam				
Oral Exam \$15	Oral Exam \$20	Oral Exam \$25	Oral Exam \$30	Oral Exam \$56
X-Rays \$35	X-Rays \$42	X-Rays \$61	X-Rays \$69	X-Rays \$151
Total \$50	Total \$62	Total \$86	Total \$99	Total \$207
Urgent Limited Exam				
Limited Exam \$20	Limited Exam \$25	Limited Exam \$35	Limited Exam \$45	Limited Exam \$76
Single X-ray \$5	Single X-ray \$11	Single X-ray \$16	Single X-ray \$18	Single X-ray \$31
Total \$25	Total \$36	Total \$51	Total \$63	Total \$107
Prices for dental procedures are provided in office prior to service (for example: extractions, fillings, crowns, bridges, dentures, etc.)				

Effective Date: 02/07/2022

Physical Therapy									
New Patient									
Discount 1		Discount 2		Discount 3		Discount 4		No Discount	
Initial Evaluation	\$25	Initial Evaluation	\$40	Initial Evaluation	\$55	Initial Evaluation	\$65	Initial Evaluation	\$91
Modalities	\$10	Modalities	\$15	Modalities	\$21	Modalities	\$26	Modalities	\$36
Therapeutic Procedures	\$10	Therapeutic Procedures	\$20	Therapeutic Procedures	\$25	Therapeutic Procedures	\$30	Therapeutic Procedures	\$42
Total	\$45	Total	\$75	Total	\$101	Total	\$121	Total	\$169
Follow Up Visits									
Modalities	\$10	Modalities	\$15	Modalities	\$21	Modalities	\$26	Modalities	\$36
Therapeutic Procedures	\$10	Therapeutic Procedures	\$20	Therapeutic Procedures	\$25	Therapeutic Procedures	\$30	Therapeutic Procedures	\$42
Total	\$20	Total	\$35	Total	\$46	Total	\$56	Total	\$78
Modalities and Therapeutic Procedures are changed in 15-minute increments									

*Ultrasounds									
Medical Ultrasound									
Discount 1		Discount 2		Discount 3		Discount 4		No Discount	
Total	\$70 - \$95	Total	\$87 - \$121	Total	\$99 - \$138	Total	\$107 - \$150	Total	\$165 - \$130
OBGYN Ultrasound									
Total	\$100 - \$120	Total	\$120 - \$140	Total	\$135 - \$160	Total	\$145 - \$170	Total	\$211 - \$244
* Price dependent on ultrasound performed									