



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	\$110 - \$314
5 Labs	\$120	5 Labs	\$130	5 Labs	\$140	5 Labs	\$150	5 Labs	\$325
Total	\$165	Total	\$180	Total	\$195	Total	\$210	Total	\$435 - \$639
Established Patient - General Office Visit									
Office Visit	\$45	Office Visit	\$50	Office Visit	\$55	Office Visit	\$60	Office Visit	\$80 - \$256
2 Labs	\$48	2 Labs	\$52	2 Labs	\$56	2 Labs	\$60	2 Labs	\$130
Total	\$93	Total	\$102	Total	\$111	Total	\$120	Total	\$210 - \$386
Established Patient - (1) Chronic Condition Office Visit									
Office Visit	\$45	Office Visit	\$50	Office Visit	\$55	Office Visit	\$60	Office Visit	\$170 - \$240
4 Labs	\$96	4 Labs	\$104	4 Labs	\$112	2 Labs	\$120	4 Labs	\$260
Total	\$141	Total	\$154	Total	\$167	Total	\$180	Total	\$430 - \$500
(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			
Total	\$1,200	Total	\$1,420	Total	\$1,700	Total	\$1,980	Total	\$3,110
(2) Prenatal Care Contract includes 16 visits and 18 labs, 1 ultrasound, and 1 dental visit									
(3) Gynecology									
Office Visit	\$45	Office Visit	\$50	Office Visit	\$55	Office Visit	\$60	Office Visit	\$110 - \$314
(3) Gynecology pricing excludes Annual Exam, Papanicolaou and Colposcopy procedures									

Behavioral Health									
New Patient									
Discount 1	Discount 2	Discount 3	Discount 4	No Discount					
Initial Evaluation	\$50	Initial Evaluation	\$80	Initial Evaluation	\$95	Initial Evaluation	\$110	Initial Evaluation	\$190
Established Patient - Follow Up Sessions									
30 min session	\$25	30 min session	\$35	30 min session	\$45	30 min session	\$50	30 min session	\$87
45 min session	\$30	45 min session	\$45	45 min session	\$55	45 min session	\$60	45 min session	\$108
60 min session	\$50	60 min session	\$70	60 min session	\$80	60 min session	\$95	60 min session	\$164

Dental									
Annual Exam / New Patient (other x-rays are additional if needed)									
Discount 1	Discount 2	Discount 3	Discount 4	No Discount					
Oral Exam	\$25	Oral Exam	\$30	Oral Exam	\$35	Oral Exam	\$40	Oral Exam	\$83
Full Mouth X-ray (FMX)	\$50	Full Mouth X-ray (FMX)	\$60	Full Mouth X-ray (FMX)	\$75	Full Mouth X-ray (FMX)	\$90	Full Mouth X-ray (FMX)	\$164
Total	\$75	Total	\$90	Total	\$110	Total	\$130	Total	\$247
Periodic Exam (other x-rays are additional if needed)									
Oral Exam	\$25	Oral Exam	\$30	Oral Exam	\$35	Oral Exam	\$40	Oral Exam	\$83
X-Rays (2PAs + 4BW)	\$35	X-Rays (2PAs + 4BW)	\$55	X-Rays (2PAs + 4BW)	\$64	X-Rays (2PAs + 4BW)	\$73	X-Rays (2PAs + 4BW)	\$126
Total	\$60	Total	\$85	Total	\$99	Total	\$113	Total	\$209
Urgent Limited Exam (other x-rays are additional if needed)									
Limited Exam	\$25	Limited Exam	\$30	Limited Exam	\$40	Limited Exam	\$45	Limited Exam	\$80
Single X-ray	\$10	Single X-ray	\$15	Single X-ray	\$17	Single X-ray	\$20	Single X-ray	\$33
Total	\$35	Total	\$45	Total	\$57	Total	\$65	Total	\$113
Prices for dental procedures are provided in office prior to service (for example: extractions, fillings, crowns, bridges, dentures, etc.)									

Effective Date: 08/21/2023

Physical Therapy									
New Patient									
Discount 1		Discount 2		Discount 3		Discount 4		No Discount	
Initial Evaluation	\$45	Initial Evaluation	\$64	Initial Evaluation	\$82	Initial Evaluation	\$93	Initial Evaluation	\$147
Modalities	\$10	Modalities	\$17	Modalities	\$21	Modalities	\$24	Modalities	\$41
Therapeutic Procedures	\$40	Therapeutic Procedures	\$54	Therapeutic Procedures	\$64	Therapeutic Procedures	\$73	Therapeutic Procedures	\$127
Total	\$95	Total	\$135	Total	\$167	Total	\$190	Total	\$315
Follow Up Visits									
Modalities	\$10	Modalities	\$17	Modalities	\$21	Modalities	\$24	Modalities	\$41
Therapeutic Procedures	\$40	Therapeutic Procedures	\$54	Therapeutic Procedures	\$64	Therapeutic Procedures	\$73	Therapeutic Procedures	\$127
Total	\$50	Total	\$71	Total	\$85	Total	\$97	Total	\$168
Modalities and Therapeutic Procedures are charged in 15-minute increments									

*Ultrasounds									
Medical Ultrasound									
Discount 1		Discount 2		Discount 3		Discount 4		No Discount	
Total	\$75	Total	\$86	Total	\$101	Total	\$115	Total	\$192
OBGYN Ultrasound									
Total	\$120	Total	\$128	Total	\$149	Total	\$170	Total	\$284
*Estimated Price dependent on the complexity of the ultrasound performed									