



HARVARD UNIVERSITY

Health Services

Estimate Request Form for Procedure, Treatment, or Test

Use this form to request a written estimate of the maximum amount that HUHS charges to you and your insurance company. This may or may not be the final price that you pay for your care.*

How to use this form:

- (1) Fill in Part 1.
- (2) Return this form to the HUHS Patient Accounts department (Smith Campus Center; 617-496-8700).
- (3) HUHS will mail a written cost estimate to you within two business days of your request.

By signing this form, I understand:

- This estimate is based on the insurance and clinical information available at the time of my request.
- This estimate does not mean that my insurance company agrees to pay for my care at HUHS.
- This estimate does not include the cost of: Quest Diagnostics or other laboratories, care provided at Harvard Vanguard Obstetrics and Gynecology, care provided by HUHS clinicians at non-HUHS locations, or the price of medicine prescribed at my visit.
- I may have to pay for other services resulting from my visit, but are not included in this estimate.
- Because this form contains information protected by the Health Insurance Portability and Accountability Act (HIPAA), I will pick this form up in person or receive a written cost estimate through the mail.

Patient Name (First, Middle, Last)

Harvard ID

Patient/Guarantor Signature

Date (MM/DD/YYYY)

* Contact your insurance company for a cost estimate that reflects your level of benefits, deductibles, and coinsurance. For those patients enrolled in the Harvard University Group Health Plan (HUGHP) or HUSHP Student Health Insurance Plan, further guidance may be found on page 3.

Part 1:

Patient Information (to be completed by patient or requestor)

The information in this section is required to submit a request.

Patient Information

Full Name: _____

Insurance Company Name: _____

Policy ID Number: _____

Preferred Method of Receipt: Mail In-Person Pickup

Clinician Information

Clinician Name: _____

Location: HUHS Non-HUHS Location (specify) _____

Phone Number: _____

Procedure, Treatment, or Test Description

Detailed description of procedure(s), treatment(s) or test(s) for which you are requesting an estimate: (e.g. Treat 5 warts on sole of foot; consult and immunizations for travel to a specific country)

Have you spoken to an HUHS clinician about this procedure, treatment or test? Yes No

Do you have the Procedure Code(s) ("Current Procedure Terminology / CPT") related to the anticipated services? Yes No
If you have the Procedure Code(s), please provide them in Part 2.

**Part 2:
Coding and estimates (to be completed by HUHS)**

Patient Name: _____ Harvard ID: _____

Servicing Clinician NPI (National Provider Identifier): _____

Facility NPI (National Provider Identifier): _____

Procedure Description	Procedure/CPT Code	Diagnosis Code	Estimated Cost (HUHS USE ONLY)	Notes

**Part 3:
HUGHP and Student Health Insurance Plan members: Requesting a Cost Estimate from Your Insurer**

Harvard University Group Health Plan members may receive estimates for HUHS services from Blue Cross Blue Shield of Massachusetts that reflect their level of benefits, deductibles, and coinsurance.

- Visit the Harvard University Group Health plan website at hughp.harvard.edu/use-your-benefits/cost-estimate
- **HUSHP Student Health Insurance Plan** members should review the HUSHP website in order to understand their benefits and coverage for services at HUHS.
- Visit the HUSHP website at <http://hushp.harvard.edu/what-are-my-benefits>

HUHS USE ONLY: _____

Prepared by: _____ Date: _____