



## Good Faith Estimate

At Lower Lights, we have two programs in place to ensure that our self-pay and uninsured patients will receive no unpleasant surprises when it comes to your bill for services

### Program 1 – Same Day Fee

All self-pay and uninsured patients can take advantage of our same day fee. There is no income requirement associated with this fee. This means for your visit, including any on-site lab work needed, your visit will cost no more than:

Medical \$55    Dental \$80    Behavioral Health, Nutrition \$25

### Program 1 – Sliding Fee Discount Program

For patients who qualify based on their income and family size, we offer these slide discounts for medical visits:

Service	Discounted Fees		
*Medical, Optical	\$ 25	\$ 35	\$ 55
Dental	\$ 40	\$ 60	\$ 80
Pharmacy	\$ 10	\$ 15	\$ 20
Prenatal & Obstetrics	\$ 15	\$ 20	\$ 25
Behavioral Health, Nutrition	\$ 15	\$ 20	\$ 25
Clinical Pharmacy, Integrated Social Work	\$ 0	\$ 1	\$ 2
Contraceptives – Liletta	\$ 50	\$ 70	\$ 90
Contraceptives – Depo Provera	\$ 10	\$ 15	\$ 20
	100% FPL or Below	101% to 150% FPL	151% to 200% FPL

Income thresholds are established by the federal government and identified as a percentage of the Federal Poverty Level (FPL). To the right is the 2025 Federal Poverty Level Chart.

Household / Family Size	100% Federal Poverty Level	101% to 150% Federal Poverty Level	151% to 200% Federal Poverty Level
1	\$15,650	\$15,651 - \$23,475	\$23,476 - \$31,300
2	\$21,150	\$21,151 - \$31,725	\$31,726 - \$42,300
3	\$26,650	\$26,651 - \$39,975	\$39,976 - \$53,300
4	\$32,150	\$32,151 - \$48,225	\$48,226 - \$64,300
5	\$37,650	\$37,651 - \$56,475	\$56,476 - \$75,300
6	\$43,150	\$43,151 - \$64,725	\$64,726 - \$86,300
7	\$48,650	\$48,651 - \$72,975	\$72,976 - \$97,300
8	\$54,150	\$54,151 - \$81,225	\$81,226 - \$108,300

Good Faith Estimates are provided to our uninsured and self-pay patients only. If you would like to learn more about health insurance options that may be available to you, we have dedicated staff ready to assist you. Please call us during our regular business hours Monday – Friday at 614-274-1455 ext. 6232 to take advantage of this service.



Lower Lights Health

[LowerLightsHealth.org](http://LowerLightsHealth.org)

## Good Faith Estimate

**You have the right to receive a “Good Faith Estimate” explaining how much your care will cost.**

Under the law, health care providers need to give patients who don’t have insurance or who are not using insurance an estimate of the bill for their care.

- You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency items or services. This includes related costs like medical tests, prescription drugs, equipment, and hospital fees.
- Make sure your health care provider gives you a Good Faith Estimate in writing at least one business day before your medical service or item. You can also ask your health care provider and any other provider you choose for a Good Faith Estimate before you schedule an item or service.
- If you receive a bill that is at least \$400 more than your Good Faith Estimate, you can dispute the bill.
- Make sure to save a copy or picture of your Good Faith Estimate.

For questions or more information about your right to a Good Faith Estimate, visit [www.cms.gov/no\\_surprises](http://www.cms.gov/no_surprises) or call 1-614-274-1455 ext. 6410.