



Month Day, Year

Joe Doe
356 The Street
Norfolk, Virginia

Dear Mr. Doe

Thank you for requesting a personalized, out-of-pocket cost estimate for services to be provided at a Sentara hospital or facility. The following estimate is based on the information and insurance you provided for hospital-related charges only. Please note that the estimated cost is not a guarantee of coverage.

If you have insurance coverage, we encourage you to check with your insurance company if you need help understanding your benefits related to this estimate. As always, if you have questions about this estimate, please call Patient Account Services at (757) 233-4889 Mon - Thu 8 a.m. to 5 p.m. and Friday 8 a.m. - 4:30 p.m.

Hospital: Sentara Norfolk General Hospital Procedure: MRI Type of Service: Outpatient	Insurance: XYZ
Average Hospital Charges:	\$ 3,461.00
Deductible	\$ 0.00
Coinsurance	\$ 311.82
Copay	\$ 100.00
Estimate of how much you owe	\$ 411.82

Please note: If you have met all or part of your deductible or maximum out-of-pocket expenses, the actual amount you owe may be different.

The estimated amount is not a guarantee of the amount you would owe. The above estimate does not include physician fees or charges for any additional tests ordered for your care. Based on your unique medical condition and medical needs as determined by your physician, the actual amount you will owe will be either lower or higher than the above estimate.

This amount will depend upon a variety of factors such as: the length of time spent in surgery or recovery, the number of days spent in the hospital, specific equipment, supplies and medications required, additional tests required by your physician, and/or any unusual special care or unexpected conditions or complications.

If you have requested an estimate for an inpatient service, your final bill will include charges for the actual services provided to you which may be different than this estimate.

Sincerely,

Sentara Financial Services Representative