

How to submit a Good Faith Estimate.

Scenario	Solution	Follow up	Additional steps
https://ppi.us.int.sonichhealthcare/	This web address is for CSR use only.	Unable to submit Pathology and some reflex tests.	
CSR completes the form on the website. You must obtain patient Name and address in order to mail an estimate or email address in order to email.			
Email the document to the patient: Follow confidentiality protocol. Obtain patient email address. Subject line begins: Confidential. Download the completed form to the ePHI drive in the Customer Service Folder with the file name "Good Faith Estimates" following this format:	<i>GFE document form title format:</i> GFE by (email/mail) on (date) to (patient) or (provider). Example: GFE by email on 01062023 to Austin Surgical Center.	Send the form using CustomerService@cpllabs.com email address group.	Document the call using NO ACCN CALLER/NO ACCN PATIENT
No accn caller/No accn patient documentation example:	<i>scheduled appt: APPT SCHEDULED ON 3/6/23. EMAILED TO (EMAIL ADDRESS) ON 03/03/2023. TRANSACTION ID: DE1234CE5231</i>	▪We do not schedule patient appointments. ▪ Do not offer to call doctor office for test codes.	