



OHSU Centralized Managed Care Patient Estimates
 3181 SW Sam Jackson Park Rd, Mailcode RPB07
 Portland, OR 97239

[Redacted]

[Redacted]

Based on benefit Information as of 12/19/2023
 Estimated Patient Responsibility: **\$2,857.03**

Dear Sophia Atkinson,

Coverage: [Redacted]

Service Type	Estimated Balance	Deductible	Copay	Coinsurance	Patient Portion
General	\$234.42	\$0.00	\$0.00	\$0.00 (15.00%)	\$0.00
SPECIALTY DEPARTMENTS	\$43,432.80	\$400.00	\$50.00	\$2,407.03 (15.00%)	\$2,857.03
Total due					\$2,857.03

	Estimated Charges	You Pay
Professional charges for [Redacted] at OHSU General Pediatrics at [Redacted]		
HCPCS J9226 - Histrelin Implant (Supprelin La), 50 Mg	\$168,080.59	\$2,857.03
CPT® 11981 - Insertion, Drug-Delivery Implant	\$467.00	\$0.00
Total	\$168,547.59	\$2,857.03

Based on your information provided to OHSU, it is estimated that you will owe **\$2,857.03** for your services.

We appreciate advance payment of your anticipated responsibility. To pay over the phone with a credit or debit card, please call the applicable phone number below:

- Diagnostics Estimates – [Redacted]
- Gastrointestinal Estimates – [Redacted]
- Hospital Admissions Estimates – [Redacted]
- Women’s Health Estimates – [Redacted]

Disclaimer:

This information represents our best efforts to provide you an accurate **estimate** of your out of pocket costs based on what we know about your current insurance benefits and the services planned. **This estimate does not include anesthesia charges, as these are billed through a third party, so you may be billed separately.** OHSU has gathered your benefit information from your insurance company as of the date of this estimate, if this information changes, or your insurance company deems that some services are out-of-network, the accuracy of the estimate will be impacted. It is not a guarantee of what you will be charged. Please be aware that there are many variables that can affect your actual out of pocket costs, including the length of time

spent in surgery or recovery, specific equipment used, supplies and medications needed, additional tests required by your physician, any special care or unexpected conditions or complications that may arise and changes to your insurance coverage. The prices listed are based on the information available to us as of the estimate date and may be subject to change.

You will receive a bill for any remaining balance. In the event the service is canceled, or if the amount you prepaid is more than your bill, any pre-payment you have made may be applied towards any outstanding balances you may owe. If you do not have any outstanding balances, your deposit will be refunded.

If you are concerned about your estimated out of pocket costs, requests for financial assistance can be made at any point during your care. The OHSU Financial Assistance Policy is at <https://www.ohsu.edu/health/financial-assistance-programs>. To be screened for financial assistance, please call Registration Services at [REDACTED]