

# GOOD FAITH ESTIMATE FOR HEALTH CARE ITEMS AND SERVICES

WAIKIKI HEALTH

MEDICAL & DENTAL • BEHAVIORAL HEALTH • SOCIAL SERVICES

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Patient's Name: \_\_\_\_\_ Date of Service: \_\_\_\_\_

Patient's MRN #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

Service / Item	CPT	Quantity	Estimated Cost

**As of today:**  Your diagnosis code(s) are: \_\_\_\_\_  
and they mean \_\_\_\_\_

Waikiki Health does not yet know the correct diagnosis code(s) for your visit.

**Total Estimated Charges: \$** \_\_\_\_\_

**Disclaimer:** This Good Faith Estimate (GFE) shows the costs of items and services that are reasonably expected for your healthcare needs. The estimate is based on information known at the time the estimate was created. This GFE does not include any unknown or unexpected costs that may arise during treatment. You may be charged more if complications or special circumstances occur. **This estimate does not reflect the costs for lab or imaging services. Please contact the respective facilities for pricing. Diagnostic Laboratory Services (DLS): (808) 589-5100; Hawaii Diagnostic Radiology Services (HDRS): (808) 949-0091.**

Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Right to Dispute:** You may contact us to inform us that the billed charges are higher than the GFE. You can request an updated bill to match the GFE, negotiate the bill, or inquire about available financial assistance. You may also initiate a dispute resolution process with the Centers for Medicare and Medicaid Services (CMS). If you choose to use the dispute resolution process, you must begin it within 120 calendar days (about 4 months) of the date on the original bill. There is a \$25 fee to use the dispute process. If the outcome is in your favor, you will pay the price on the GFE. If the resolution is with us, you will be required to pay the higher amount.

**To learn more and/or to start the process, go to  
[www.cms.gov/medical-bill-rights](http://www.cms.gov/medical-bill-rights) or call 1-800-985-3059.**

**KEEP A COPY OF THIS GOOD FAITH ESTIMATE IN A SAFE PLACE OR TAKE PICTURES OF IT FOR FUTURE REFERENCE ESPECIALLY IF YOU ARE CHARGED A HIGHER AMOUNT.**

## Waikiki Health's Sliding Fee Policy

Waikiki Health's Sliding Fee Discount Program qualification is based solely on income and family size.

Waikiki Health considers income to include: earnings, unemployment compensation, workers' compensation, social security, SSI, public assistance, veteran's payments, survivor benefits, pension/retirement income, interests, dividends, rents, royalties, estate income, trust, educational assistance, alimony, child support, assistance from outside the household and other miscellaneous income. Non-cash benefits such as food stamps and housing subsidies do not count.

Family is defined as: a group of two people or more (one of whom is the householder) related by birth, marriage, or adoption and residing together; all such people (including related subfamily members) are considered as members of one family. Your family size can also be determined by the number of individuals claimed on your tax return.

**If Waikiki Health has not already assigned you to a Payment Group, or if your household income has recently changed, you must bring the following documents with you to your appointment:**

- Prior year W-2 or tax return
- Letter of employment from employer
- One month's pay stub (current)
- Form 4506-T (if W-2 not filed)

**Applicants with undocumented income must provide at least one (1) of the following:**

- Self-Attestation of Income Letter
- Proof of Income (POI) letter written on individual's behalf from family and/or friends
- Unemployment compensation stub or award letter
- 2 months of bank statements with deposit information

### How Waikiki Health Determines Your Payment Group

A patient's Payment Group is based on the number of people in their household and their total income, using the charts below. *(Income level based on 2026 Federal Poverty Guidelines for Hawaii.)*

Household Size	Payment Group (Income level based on Federal Poverty Guidelines)				
	B (0%-100%)	C (101%-125%)	D (126%-150%)	E (151%-200%)	F (over 200%)
1	\$0 – \$18,360	\$18,361 – \$22,950	\$22,951 – \$27,540	\$27,541 – \$36,720	Above \$36,720
2	\$0 – \$24,890	\$24,891 – \$31,112	\$31,113 – \$37,335	\$37,336 – \$49,780	Above \$49,780
3	\$0 – \$31,420	\$31,421 – \$39,275	\$39,276 – \$47,130	\$47,131 – \$62,840	Above \$62,840
4	\$0 – \$37,950	\$37,951 – \$47,437	\$47,438 – \$56,925	\$56,926 – \$75,900	Above \$75,900
5	\$0 – \$44,480	\$44,481 – \$55,600	\$55,601 – \$66,720	\$66,721 – \$88,960	Above \$88,960
6	\$0 – \$51,010	\$51,011 – \$63,762	\$63,763 – \$76,515	\$76,516 – \$102,020	Above \$102,020
7	\$0 – \$57,540	\$57,541 – \$71,925	\$71,926 – \$86,310	\$86,311 – \$115,080	Above \$115,080
8	\$0 – \$64,070	\$64,071 – \$80,087	\$80,088 – \$96,105	\$96,106 – \$128,140	Above \$128,140

*For families/households with more than 8 persons, add \$6,330 for each additional person.*

Fee by Payment Group (for New Patients)					
	B	C	D	E	F (Full Fee)
Medical Visit	\$25	\$54.43 – \$142.92	\$81.64 – \$214.38	\$136.07 – \$357.30	\$272.13 – \$714.60
Fee by Payment Group (for Established Patients)					
Medical Visit	\$25	\$25.25 – \$110.87	\$25.50 – \$166.30	\$44.94 – \$277.17	\$89.87 – \$554.34

**Once you know your Payment Group and the services you should expect to receive, you can determine how much you should expect to pay. Here's an example:**

A patient comes in for a regular medical visit. He has 4 people in his household, and his total income is \$38,000. Using the charts above, he is in Payment Group 'C.' The fee for the medical visit can range from \$54.43 to \$142.92 for a new patient, and from \$25.25 to \$110.87 for an established patient.