

Good Faith Estimate Template for Audiology Services

Welcome and thank you for choosing **The University of Nebraska-Lincoln Speech-Language and Hearing Clinic** for your audiology needs. As a self-pay or commercially insured patient, you are entitled to a good faith estimate, which outlines the potential costs associated with your evaluation and treatment in our office.

The good faith estimate below is based on a suggested treatment plan for you. This treatment plan may change during our time together and you are entitled to an updated good faith estimate at any time. The information provided in this estimate, and any subsequent estimate, is only an **estimate** and actual items, services, and charges may be different. At any point during treatment, you have the right to engage in dispute resolution if the actual costs of services significantly exceed those listed in the below estimate by a minimum of \$400.

This estimate does not obligate you to continue treatment or obtain any of the listed services from **The University of Nebraska-Lincoln Speech-Language and Hearing Clinic**.

PATIENT:	DOB:
DESCRIPTION OF SERVICE(S) TO BE PROVIDED: Vestibular Evaluation	
PRIMARY DIAGNOSIS:	ICD-10 CODE:
SECONDARY DIAGNOSIS (if applicable):	ICD-10 CODE:

CPT® OR HCPCS CODES FOR EXPECTED SERVICES (*Note: Not every code will be charged at every visit*)

CODE	DESCRIPTION	COST (\$)
92540	Basic vestibular evaluation	\$200.00
92517	Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; cervical (cVEMP)	\$100.00
92518	Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; ocular (oVEMP)	\$100.00
92519	Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; cervical (cVEMP) and ocular (oVEMP)	\$200.00
92537	Caloric vestibular test with recording, bilateral; bithermal	\$50.00
92538	Caloric vestibular test with recording, bilateral; monothermal	\$25.00
92541	Spontaneous nystagmus test, including gaze and fixation nystagmus, with recording	\$80.00
92544	Optokinetic nystagmus test, bidirectional, foveal or peripheral stimulation, with recording	\$58.00
92546	Sinusoidal vertical axis rotational testing	\$146.00
92542	Positional nystagmus test, minimum of 4 positions, with recording	\$75.00
92545	Oscillating tracking test, with recording	\$80.00
92700A	Dynamic Visual Acuity Test	\$50.00
92700C	Modified CTSIB	\$100.00
92700D	Vesibular Evoked Myogenic Potentials	\$150.00

Disclaimer: ASHA's good faith estimate template is only a model. It does not dictate which services should or should not be listed on the estimate and does not imply medical necessity. Not all procedures, billing codes, or other pertinent information are included in the model. See [ASHA's website](#) for important information on this template.

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92700E	Video Head Impulse Test	\$100.00
92700F	Headshake with Video Recording	\$50.00
92700G	Use of Goggle Recording	\$20.00
92700H	Saccades Testing	\$80.00

This good faith estimate lists services that will be furnished at **The University of Nebraska-Lincoln Speech-Language and Hearing Clinic** and applies to all providers in this practice, including the initiating provider: **[insert provider name, credentials, NPI, and tax ID]**.

By signing this document, you acknowledge that you have received and understand your financial responsibilities to this practice, if you choose to receive services. If you would like to seek reimbursement from your health insurance, we can provide a superbill at the end of your visit(s). Please note that our rates may be different from your insurance reimbursement rate and reimbursement rates could be lower. We recommend that you check with your insurance provider for rates and coverage of services.

Patient Signature

Date