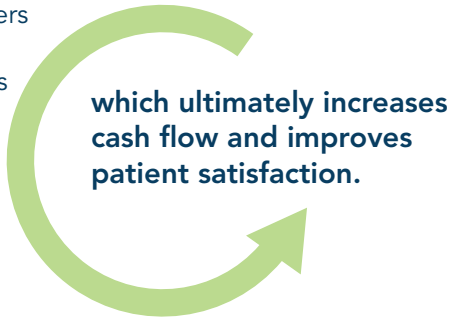


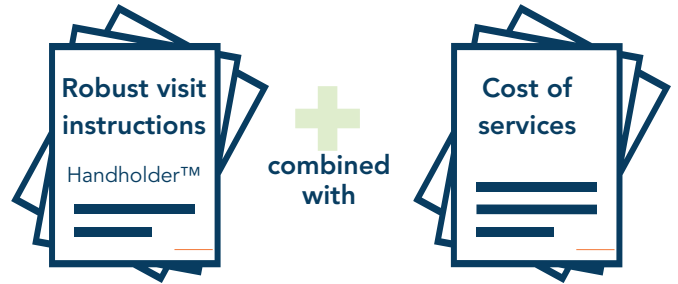
## HEALTHCARE COMMUNICATIONS

New mandate of price transparency and patient needs.

ESTIMATOR PRO allows healthcare providers to give patients accurate estimates of their financial responsibility



Ask us for a demo



The platform is easy to implement at minimal cost to hospitals, doctors and surgeons.



Increases revenue by significantly decreasing no shows/missed appointments as well as improving patient satisfaction scores.



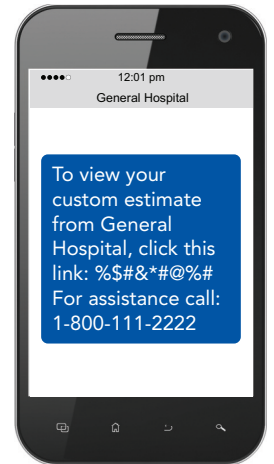
Allows patients to understand costs prior to the visit, avoiding confusion and reducing unpaid invoices and the need for collection.



Increases productivity by allowing clinicians and nurses to spend more time focused on patients and less on paperwork.

General Health System		Hospital A 123 Main St Anytown, NC 28004 123 123 1234	
<b>Estimate for outpatient services</b>			
Estimate Number: 01	Valid Through: Not Provided	Service Date: Not Provided	
Prepared For: 010001-00001	Address: Not Provided	Payor Name: 010001-00001-00001-00001-00001-00001	
Total Services: \$1,450.00		The total amount that we estimate your services will cost.	
Co-Pay Amount: \$450.00		The amount you are expected to pay for any co-pay.	
Co-insurance Amount: \$0.00		The percentage of the amount covered that your insurance requires you to pay.	
Deductible Amount: \$1,000.00		The amount you are required to pay before coverage begins.	
<b>Estimated Responsibility: \$1,000.00</b>		The total estimated amount you will be responsible for paying.	
Projected Hospital Service: 010001-00001-00001-00001-00001-00001	Associated Codes: 010001-00001-00001-00001-00001-00001	Total Services: \$1,450.00	Co-Pay: \$450.00
Projected Professional Service: 010001-00001-00001-00001-00001-00001	Associated Codes: 010001-00001-00001-00001-00001-00001	Total Services: \$1,450.00	Co-Pay: \$450.00
		<b>\$1,450.00</b>	<b>\$450.00</b>
<small>Your estimate was calculated based on the following assumptions: "Your COI" amount is unknown. Therefore you will pay \$1,450.23 towards your obligation. This will include an insurance deductible of \$450.00 in pay. This is projected to total a \$1,000.23 total patient liability. This amount is only a good faith ESTIMATE based on the best information known and provided at the time of the estimate. The information reported in the estimate may have been provided by you, your physician and/or your insurer. Actual amounts owed for services rendered may be during the usual general operations of the hospital or the provider, or being rendered at a separate location, or being rendered at a separate location. Being the best estimate of the total amount of your bill.</small>			
<small>Final determination of eligibility and benefits is determined at the time the claim is processed by the insurance company. Any services rendered are covered only when you are not responsible. In addition, charges from your physician or physician affiliated with the hospital will be billed separately by their offices and are not included on this estimate.</small>			
<small>Please contact the Financial Counselor at 800-888-8888 with any questions.</small>			
<small>This document may contain confidential patient information. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or action taken in reliance on the content of these documents is strictly prohibited.</small>			
<small>* This estimate is based on non-verified insurance information you provided. If for any reason the information is inaccurate, the estimate's information will also be inaccurate.</small>			
Created Date: 11/15/2016 2:48:39 PM	Created By: Scott Rich	Guarantor Signature: _____	Accepted Date: _____
Copyright © 2016 Bluebird Digital Marketing Corporation. All Rights Reserved.		This estimate is valid until 11/15/2016.	

Patient Self-Service Web Estimate Program



Reminder texts and emails for follow-ups

Our extremely accurate estimates are now available for patients, to use for self-service estimates.

Estimates can be delivered securely by automated print and mail, or via secure email or text DEEP links.

For more information contact:

**Scott Rich**  
Senior Vice President of National Sales  
770.449.6300 ext.1117  
srich@smartsourcellc.com

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