

Online Patient Estimation

Meet CMS Requirements & Deliver
Accurate Patient Self-Service Estimates



The PatientMatters IntelliPass™ Online Patient Estimation (OPE) tool provides patients with an accurate estimate of their financial responsibility via the hospital website resulting in improved patient satisfaction and hospital collections.

IntelliPass™ OPE Tool Features

- Meets CMS Pricing Transparency Mandate
- CDM Machine-readable Format
- Supports 300 “Shoppable” Services
- Hospital Branded Contract-based Estimates
- Real-time Deductible Balance Calculation
- Benefit Validation Including Copay and Coinsurance
- Patient Estimates Accessible by Hospital Staff
- 100% Customizable Estimate Page and Disclaimer
- Downloadable List of Charges
- Patient-friendly, Mobile Optimized

HOW IT WORKS

Step 1: Select a Service

The patient accesses the Online Patient Estimation (OPE) tool via the hospital website. The patient selects their service from a list of pre-established categories or enters the procedure name.

The screenshot shows the PatientMatters IntelliPass OPE tool interface. At the top left is the PatientMatters logo, and at the top right is the text "PatientMatters". Below the logo is the heading "Select a Service" and a link "Why do you need this information?". A disclaimer states: "This tool may not represent all services offered by the provider; if you are unable to find a specific service, please send an email to financialcounseling@patientmatters.com or call us at (333) 333-3333." Below the disclaimer is a "Category" section with buttons for "All", "Radiology", "Surgery", "Lab", "Cardiology", "Inpatient", and "Other". The "Radiology" button is selected. Below the category buttons is a search input field containing "MRI". A dropdown menu is open, showing a list of services: "MRI Abdomen with and without Contrast", "MRI Abdomen without Contrast", "MRI Brain with and without Contrast", "MRI Brain without Contrast", and "MRI Cervical Spine (neck) with and without Contrast". The "MRI Cervical Spine (neck) with and without Contrast" option is highlighted. To the right of the dropdown menu is another link "Why do you need this information?". Below the dropdown menu are input fields for "Last Name (required)" and "Suffix".

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Step 2: Patient Information

The patient enters their personal information, including insurance information, when applicable. The patient will then select the 'Get My Estimate' button.

Tell us about the patient Why do you need this information?

First Name (required) Middle Name Last Name (required) Suffix

Date of Birth (required)

Female Male Prefer not to answer

Phone Number

Email Address

Tell us about the insurance Why do you need this information?

Do you have insurance? Yes No I don't know

Step 3: Patient Price Estimation

The tool will generate either self-pay estimates or patient price estimates using insurance information, including real-time deductible information, co-pay, and co-insurance, when applicable. The patient can download the price estimate page and make an appointment from the tool.

This is a good faith estimate applicable at the time of your request, and the actual total out-of-pocket costs may be different than the amount shown in the estimate. Your final costs may vary from this estimate for many reasons, including, but not limited to, your medical condition, unknown circumstances or complications, final diagnosis, and recommended treatments ordered by your doctor.

Your estimate range for MRI Cervical Spine (neck) with and without Contrast is
\$390.24 - \$476.96
Your reference number is 4VMPZ8BUZX

This estimate does not include any physician or other professional costs. Insurance benefits (where applicable) are based on information provided by you as of the date of this estimate. Benefits and eligibility are subject to change and are not a guarantee of payment. The estimate provided here is intended to be used by a patient, patient representative or guarantor as information only. Any attempt to use this tool for other purposes is prohibited. Please refer to your insurance to confirm coverage under your plan and authorization requirements.

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