



GPW Health Center

Dedicated to Your Health!

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Good Faith Estimate – Uninsured Patient

Disclaimer: This Good Faith Estimate shows the costs of items and services that are reasonably expected for your health care needs for an item or service. The estimate is based on information known at the time the estimate was created. The Good Faith Estimate does not include any unknown or unexpected costs that may arise during treatment. You could be charged more if complications or special circumstances occur.

This Good Faith Estimate does not apply to any insured patient. Insured patient must review their insurance card and policy for co-pays, co-insurance, deductibles, etc. Any questions regarding the cost to the insured patient, the insured patient must contact their insurance company – GPW Health Center cannot answer any questions about an insured patient insurance.

Adult Medical and Pediatrics									
New Patient or Physical									
Discount 1		Discount 2		Discount 3		Discount 4		No Discount	
Office Visit	\$45	Office Visit	\$50	Office Visit	\$55	Office Visit	\$60	Office Visit	\$115 - \$323
5 Labs	\$125	5 Labs	\$140	5 Labs	\$155	5 Labs	\$170	5 Labs	\$275
Total	\$170	Total	\$190	Total	\$210	Total	\$230	Total	\$390 - \$598
Established Patient - General Office Visit									
Office Visit	\$45	Office Visit	\$50	Office Visit	\$55	Office Visit	\$60	Office Visit	\$80 - \$256
2 Labs	\$50	2 Labs	\$56	2 Labs	\$62	2 Labs	\$68	2 Labs	\$110
Total	\$95	Total	\$106	Total	\$117	Total	\$128	Total	\$190 - \$366
Established Patient - (1) Chronic Condition Office Visit									
Office Visit	\$45	Office Visit	\$50	Office Visit	\$55	Office Visit	\$60	Office Visit	\$170 - \$240
4 Labs	\$100	4 Labs	\$112	4 Labs	\$124	2 Labs	\$136	4 Labs	\$220
Total	\$145	Total	\$162	Total	\$179	Total	\$196	Total	\$390 - \$460
(1) Chronic Condition (example: diabetes, high blood pressure)									

OBGYN									
(2) OB- Prenatal Care									
Discount 1		Discount 2		Discount 3		Discount 4		No Discount	
Contract		Contract		Contract		Contract		Contract	
Total	\$1,250	Total	\$1,480	Total	\$1,760	Total	\$2,040	Total	\$3,170
(2) Prenatal Care Contract includes 16 visits and 18 labs, 1 ultrasound, and 1 dental visit									
(3) Gynecology									
Office Visit	\$45	Office Visit	\$50	Office Visit	\$55	Office Visit	\$60	Office Visit	\$115 - \$323
(3) Gynecology pricing excludes Annual Exam, Papanicolaou and Colposcopy procedures									

Behavioral Health				
New Patient				
Discount 1	Discount 2	Discount 3	Discount 4	No Discount
Initial Evaluation \$50	Initial Evaluation \$80	Initial Evaluation \$95	Initial Evaluation \$110	Initial Evaluation \$190
New Patient with Med Services				
Initial Evaluation \$65	Initial Evaluation \$101	Initial Evaluation \$118	Initial Evaluation \$136	Initial Evaluation \$232
Established Patient - Follow Up Sessions				
30 min session \$25	30 min session \$40	30 min session \$47	30 min session \$54	30 min session \$92
45 min session \$30	45 min session \$50	45 min session \$58	45 min session \$67	45 min session \$114
60 min session \$50	60 min session \$75	60 min session \$88	60 min session \$101	60 min session \$173

Dental				
Annual Exam / New Patient (other x-rays are additional if needed)				
Discount 1	Discount 2	Discount 3	Discount 4	No Discount
Oral Exam \$25	Oral Exam \$30	Oral Exam \$35	Oral Exam \$40	Oral Exam \$85
Full Mouth X-ray (FMX) \$50	Full Mouth X-ray (FMX) \$56	Full Mouth X-ray (FMX) \$71	Full Mouth X-ray (FMX) \$86	Full Mouth X-ray (FMX) \$161
Total \$75	Total \$86	Total \$106	Total \$126	Total \$246
Periodic Exam (other x-rays are additional if needed)				
Oral Exam \$25	Oral Exam \$30	Oral Exam \$35	Oral Exam \$40	Oral Exam \$85
X-Rays (2PAs + 4BW) \$35	X-Rays (2PAs + 4BW) \$52	X-Rays (2PAs + 4BW) \$60	X-Rays (2PAs + 4BW) \$70	X-Rays (2PAs + 4BW) \$121
Total \$60	Total \$82	Total \$95	Total \$110	Total \$206
Urgent Limited Exam (other x-rays are additional if needed)				
Limited Exam \$25	Limited Exam \$30	Limited Exam \$40	Limited Exam \$45	Limited Exam \$83
Single X-ray \$10	Single X-ray \$15	Single X-ray \$17	Single X-ray \$20	Single X-ray \$33
Total \$35	Total \$45	Total \$57	Total \$65	Total \$116
Prices for dental procedures are provided in office prior to service (for example: extractions, fillings, crowns, bridges, dentures, etc.)				

*Ultrasounds				
Medical Ultrasound				
Discount 1	Discount 2	Discount 3	Discount 4	No Discount
Total \$30 - \$95	Total \$33 - \$106	Total \$36 - \$123	Total \$41 - \$140	Total \$67 - \$223
OBGYN Ultrasound				
Total \$35 - \$125	Total \$40 - \$155	Total \$47 - \$180	Total \$53 - \$206	Total \$87 - \$337
*Estimated Price dependent on the complexity of the ultrasound performed				