

**KIRBY MEDICAL CENTER**  
**Good Faith Estimate for Health Care Items and Services**

**Patient**

First Name

Middle Name

Last Name

Patient Date of Birth:

Account #:

**Patient Mailing Address, Phone Number, and Email Address**

Street or PO Box

Apartment

City

State

Zip Code

Phone

Email Address

Patient's Contact Preference:  By mail  By email

Date of Scheduled Service:

Provider:

Check if not yet scheduled:

**Kirby Medical Center Estimate**

**Provider/Facility Name**

Kirby Medical Center

**Provider/Facility Type**

Hospital

**Street Address**

1000 Medical Center Drive

**City**

Monticello

**State**

IL

**Zip Code**

61856

**Contact Person**

Patient Financial Services

**Phone**

217-762-1540

**Email**

insurancestaff@kirbyhealth.org

**National Provider Identifier**

1730179847

**Taxpayer Identification Number**

370661215

**KIRBY MEDICAL**  
CENTER

PFS 2 GOOD FAITH ESTIMATE

Rev 5/2022 Pg 1 of 2

Primary service or item requested/scheduled:

  
  
  
  
  

Primary and secondary diagnoses codes:

**Total Expected Charges:**

**Date of Good Faith Estimate:**

The following is a detailed list of expected charges for  scheduled for . The estimated costs are valid for 12 months from the date of the Good Faith Estimate.

**DISCLAIMER:**

If you have not applied for financial assistance and wish to do so, please contact our Financial Services Department at 217-762-1540 to apply. The Financial Assistance application can also be found at <https://www.kirbyhealth.org/documents/KIRBY-FINANCIAL-ASSISTANCE-APPLICATION.pdf>.

The following page(s) is a detailed list of expected charges for the primary service(s) and date(s) listed above. There may be additional items or services not contained in the Good Faith Estimate. This estimate is subject to change and is not a contract.

For recurring services, the estimated costs are valid for 6 months from the date of the Good Faith Estimate.

Kirby Medical Center and our Rural Health Clinics update their charges typically every July 1st. As such, if you have services that will span before and after July 1st, please contact the Kirby Medical Center's Financial Services Department at 217-762-1540 to obtain an updated estimate of your out-of-pocket costs.

For questions or more information about your right to a Good Faith Estimate and to initiate a dispute, visit [www.cms.gov/nosurprises/consumers](http://www.cms.gov/nosurprises/consumers), email [FederalPPDRQuestions@cms.hhs.gov](mailto:FederalPPDRQuestions@cms.hhs.gov), or call 1-800-985-3059.

