



500 S. Maple Street • Waconia, Minnesota, 55387

PATIENT REQUEST FOR ESTIMATE

To request cost estimates for procedures at Ridgeview Medical Center and Clinics, please complete this form and fax to 952-442-6538.

Patient First Name * _____

Patient Last Name * _____

Patient Date of Birth _____

Address _____

City _____ State _____ Zip _____

Phone* _____ **Email** _____

Description of Procedure* _____

CPT or Procedure Codes (request from your physician's office) _____

Physician's Name _____

Insurance Plan, Group number, Member number* _____

To help our staff provide a more detailed estimate, please contact your insurance carrier for the following information:

Annual deductible _____

Deductible met so far this year _____

Annual out-of-pocket maximum _____

Out-of-pocket maximum met so far this year _____

Coinsurance percentage, if any _____

Copay amounts, if any _____

Requests for price estimates are reviewed by Ridgeview's business office during normal business hours and are generally responded to within five business days.

If you have other inquiries or would like to speak with someone regarding your request, please call 952-777-5420. Thank you.

*** Required information**

FOR INTERNAL USE ONLY			
Date Received _____	Staff assigned _____		
Date responded _____	Responded via: Mail <input type="checkbox"/>	Phone <input type="checkbox"/>	Other <input type="checkbox"/>