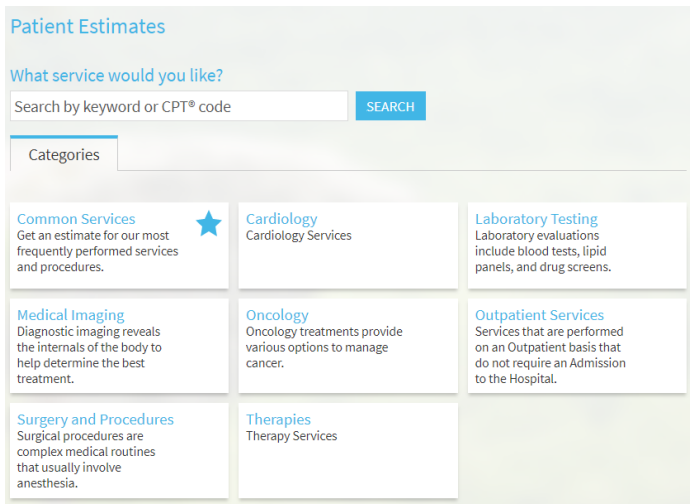


MyChart Guest Estimates

MyChart Login Screen

1. From the MyChart login screen select **Guest Estimates**.
2. Review disclaimer, complete Captcha, and Accept.
3. Search by CPT code OR category.
 - a. For example, search “CBC” or “Complete Blood Count” and select the procedure.



Patient Estimates

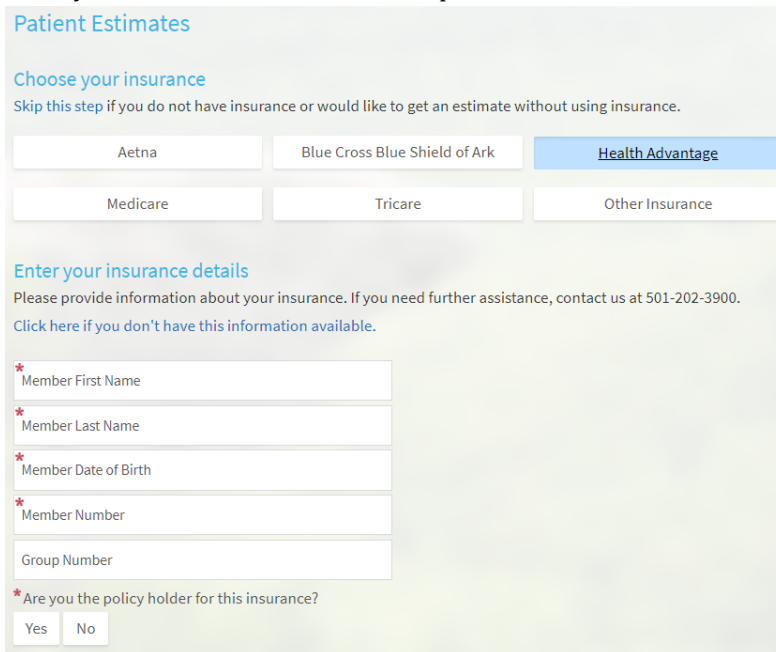
What service would you like?

Search by keyword or CPT® code

Categories

Common Services Get an estimate for our most frequently performed services and procedures.	Cardiology Cardiology Services	Laboratory Testing Laboratory evaluations include blood tests, lipid panels, and drug screens.
Medical Imaging Diagnostic imaging reveals the internals of the body to help determine the best treatment.	Oncology Oncology treatments provide various options to manage cancer.	Outpatient Services Services that are performed on an Outpatient basis that do not require an Admission to the Hospital.
Surgery and Procedures Surgical procedures are complex medical routines that usually involve anesthesia.	Therapies Therapy Services	

4. Select your insurance and enter the required information.



Patient Estimates

Choose your insurance

Skip this step if you do not have insurance or would like to get an estimate without using insurance.

Aetna	Blue Cross Blue Shield of Ark	Health Advantage
Medicare	Tricare	Other Insurance

Enter your insurance details

Please provide information about your insurance. If you need further assistance, contact us at 501-202-3900. [Click here if you don't have this information available.](#)

* Member First Name

* Member Last Name

* Member Date of Birth

* Member Number

Group Number

* Are you the policy holder for this insurance?
 Yes No

- a. Your insurance will be verified before an estimate is calculated.
- b. If you do not have insurance use the Skip this step link and use the Miscellaneous coverage for a self-pay estimate.

5. Select the facility where you would like the service performed.
6. Review the estimate that appears, along with the reference number provided if you have any questions to call and discuss.
 - a. Your estimated responsibility, based on your insurance provided, will appear under **You Pay**.
 - b. The breakdown of the estimate will appear in the **Details** section.
 - c. You may also email a copy of the estimate to your personal email address.

Estimate for CT Abdomen with and without Contrast

This is an estimate for services at Baptist Health Medical Center. If you need assistance or have questions about your estimate, please email priceestimates@baptist-health.org to reach a Financial Counselor.

You Pay Reference #170

\$637

Subtotal ⓘ	\$2,449
Discount ⓘ	-\$1,812

Details

Total Fees ⓘ	\$2,449
Hospital Fees	\$2,449
Discount (74%) ⓘ	-\$1,812
You Pay ⓘ	\$637

Coverage Information

No insurance (self-pay)

Service Location

BHMC PARENT LITTLE ROCK

Want to save this for your records? Print this page or send yourself an email summary!

Created 12/22/20 with Baptist Health Medical Center.
Valid for 30 days.

Questions?
If you need any assistance or have questions about your estimate, please email priceestimates@baptist-health.org to reach a Financial Counselor.

Need an estimate for a different patient?

START OVER

For additional assistance with estimates contact our financial counselors at priceestimates@baptist-health.org
And for insurance assistance please contact customer service at 1-501-202-3900.