



5300 S. Broadband Ln.
Sioux Falls, SD 57108
605-322-4545

AveraHealthPlans.com

Cost Estimate Request

To receive a cost estimate for a planned procedure, please work with your provider to complete the form. The completed form can be emailed to Service@AveraHealthPlans.com or faxed to 605-322-4540. An Avera Health Plans Customer Care Representative will contact you upon completion of the review.

Name of Requestor: _____

Phone Number: _____

Email Address: _____

Please submit all of the information below which is necessary to generate an estimate:

- **Member Number and Group Number** _____
- **Name of Provider or Facility Submitting Claim** _____
- **Billing Tax ID Number** _____
- **Billing Place of Service** _____
- **Date of Service** _____
- **Service Code(s) and Modifier(s)** _____
- **Charged Amount(s)** _____
- **Number of Units** _____

Disclaimer

The estimate is provided in good faith and is based on information provided, however, your final bill may be higher (or lower) than the estimate given. The estimate is not a price guarantee or a sum certain. The estimate does not take into consideration that services rendered and billed may be different from those quoted. The estimate is for covered services only and is not a determination of benefit eligibility.