

**Northern Maine Medical Center**  
**Information Required for Price Estimates**

**Patient Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Contact #:** \_\_\_\_\_

**Contact Email:** \_\_\_\_\_

**Ordering Physician:** \_\_\_\_\_

**Physician Contact # (if available):** \_\_\_\_\_

**Procedure Name(s):** \_\_\_\_\_

**CPT Code(s) (if available):** \_\_\_\_\_

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**Insurance Information (This allows us to give an estimate on your specific out-of-pocket costs):**

**Insurance Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**ID #:** \_\_\_\_\_

For additional questions or to speak with a representative, you can reach a Financial Counselor at:

207-834-1442

[estimates@nmmc.org](mailto:estimates@nmmc.org)