

GOOD FAITH ESTIMATE

You have the right to receive a “Good Faith Estimate” explaining how much your health care will cost.

Under the law, health care providers need to give patients who don’t have insurance or who are not using insurance an estimate of the bill for health care items and services before those services are provided.

You have the right to receive a Good Faith Estimate for the total expected cost of any nonemergency health care items or services upon request or when scheduling such items or services. This includes related costs like supplements, exercise equipment, and imaging fees.

If you receive a bill that is at least \$400 more than your Good Faith Estimate, you can dispute the bill within 120 days of billing date.

Make sure to save a copy or picture of your Good Faith Estimate and the bill.

For questions or more information about your right to a Good Faith Estimate, www.cms.gov/nosurprises or email

FederalPPDRQuestions@cms.hhs.gov, or call 1-800-985-3059.

To start the process, you may contact us at the phone number or address listed above to let us know the billed charges are higher than the Good Faith Estimate. You can ask us to update the bill to match the Good Faith Estimate, ask to negotiate the bill, or ask if there is financial assistance available.

Disclaimers: There may be additional items or services that we recommend as part of the course of care that must be scheduled or requested separately and are not reflected in this Good Faith Estimate. The information provided in this Good Faith Estimate is only an estimate of items or services reasonably expected to be furnished at the time this Good Faith Estimate was and actual items, services, or charges may differ from the good faith estimate.

This Good Faith Estimate is not a contract and does not require you to obtain the items or services.

Estimated Services and Items Out of Pocket Cost

Initial visit includes examination and treatment: Back pain, neck pain, shoulder pain, etc...

Exam 99202-99203

Manipulation 98940-98943

\$100

Exercise Therapy 97110 \$30

Manual Therapy (soft tissue/muscle work) 97140 \$55

Follow up visits: Back pain, neck pain, shoulder pain, etc...

Manipulation 98940-98943 \$55

Exercise Therapy 97110 \$30

Manual Therapy 97140 \$55

Re-evaluations of complaints: Back pain, neck pain, shoulder pain, etc...

Re-Exam 99212-99213 \$30

Manipulation 98940-98943 \$55

Total Expected Charges on Initial Visit Possible: \$100-\$185

Expected: \$100

Total Expected Charges on Follow-Up Visit Possible: \$55- \$150

Expected: \$55

Total Expected Charges on Re-Evaluation Visit Possible: \$55-\$185

Expected: \$85

Nutritional Consultation and Therapy

Initial Consultation and Evaluation: \$120

Follow-Up Visit: \$40

Total Estimation of Consultation and Follow-Up Visits (3 month plan): \$560

