

Good Faith Estimate of Care

After your examination it has been determined that you are a good candidate for care here!! For best results you will need to be seen **2 – 3 times a week for two to three weeks for a total of 6 therapy visits**. In that time, we will already expect to start seeing significant results in your pain, strength, range of motion and will be able to better determine if and how much more care is needed. Easier/mild cases can be resolved in 6 visits or less. Moderate cases are usually resolved in approximately 12 visits. Severe/complicate cases may take 24 visits (or in very rare cases more). Of course there are many factors that determine response to care such as: patient overall lifestyle and health status, work requirements etc. As of right now I believe you fall into **Mild/ Moderate/ Severe range with approximate number of visits expected to be _____**. The total cost will be determined by total number of visits and how many services you require each visit. The services I believe you will need are: **adjustments/ stretches, muscle work, exercises, nerve strengthening (97110)/ decompression therapy/ laser/ nutrition/ emotional release work**. The price for **each visit is expected to be _____** and will **not be more than 75** Per visit. (see patient option form you signed for line item price for all services at this clinic). As stated in said price structure that we made you aware of before today's visit, the max total charges for today's visit and exam is 135 or less, your actual total today is _____.

- Disclaimer: there may be other services required that must be scheduled separately during the course of treatment and are not included in the Good Faith Estimate (GFE)
- Disclaimer: this is only an estimate and actual services, and charges may differ
- Disclaimer: GFE is not a contract, and the patient is not required to obtain services from this provider.
- You have the right to receive a "Good Faith Estimate" explaining how much your medical health care will cost and your can ask your provider at an one before you schedule a service or at any time.
- 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 expected charges for medical services.
- If you receive a bill that is at least \$400 more than your Good Faith Estimate, you can dispute the bill. Make sure to save a copy or picture of your Good Faith Estimate.
- For questions or more information about your right to a Good Faith Estimate, visit www.cms.gov/nosurprises.
- Complaints about medical billing - You can submit a complaint about a medical billing experience you had, whether you're insured or uninsured.
<https://www.cms.gov/nosurprises/consumers/complaints-about-medical-billing>

I have read and understand this Good Faith Estimate and am aware of my rights and where to find out more about those rights and where to make complaints if needed.

X _____ Date _____