5120 Manzanita Ave, Suite 110
Carmichael, California 95608
Phone: (916) 926-0496
Fax: (916) 248-7477

Good Faith Estimate for Health Care Services

Patient		
Patient First Name	Middle Name	Last Name
Patient Date of Birth: ____________/________/__________		
Patient Mailing Address, Phone Number, and Email Address		
Street or PO Box Apartment		
City	State	ZIP Code
Phone		
Email Address		
Patient's Contact Preference: [ ] By mail [ ] By email		
Patient Diagnosis		
Primary Service or Item Requested/Scheduled		
Patient Primary Diagnosis Primary Diagnosis Code		
Patient Secondary Diagnosis Secondary Diagnosis Code		

If scheduled, list the date(s) the Primary Service or Item will be provided: [ ] Check this box if this service or item is not yet scheduled
Date of Good Faith Estimate: ____________/________/__________
Summary of Expected Charges (See the itemized estimate attached for more detail.)
Provider Name Estimated Total Cost
Provider Name Estimated Total Cost
Provider Name Estimated Total Cost
Total Estimated Cost: $

The following is a detailed list of expected charges for [LIST PRIMARY SERVICE OR ITEM], scheduled for [LIST DATE OF SERVICE, IF SCHEDULED]. [Include if items or services are reoccurring, "The estimated costs are valid for 12 months from the date of the Good Faith Estimate."]

Spring Physical Therapy

☐ Yevgeniy Doskalchuk, DPT
☐ Jessie Le, DPT
☐ Kazumi French, PTA
☐ Lorie Greer, PTA

Good Faith Estimate for Health Care Services

Date___________________________

Service/Item	Diagnosis Code (ICD 10)	Service Code (CPT)	Expected Cost
Initial Evaluation / Consult Visit	R52	97162	$100-150
Therapeutic exercise x15 min	R53.1	97110	$50-$65
Manual Therapy x15 min	M75.4	97140	$50-$65
Therapeutic activities x 15 min	R29.3	97530	$50-$65
Neuromuscular re-education, x 15 min	I63.9	97112	$50-$60
Gait Training, each 15 min	R26.89	97116	$50-$60
Application of e-stim, each 15 min	M54.5	97032	$45
Application of ultrasound, each 15 min	M67.90	97035	$45
Hot / Cold Pack, each 15 min	M54.10	97010	$25-$30
Re-evaluation, typically 20 min	R52	97164	$80-$100

Total Estimated Cost: $

I understand that the following is a list of estimated charges (recurring services included) “The estimated costs are valid for 12 months from the date of the Good Faith Estimate.”

Patient Signature___________________________

Disclaimer
This Good Faith Estimate shows the costs of items and services that are reasonably expected for your health care needs for an item or service. The estimate is based on information known at the time the estimate was created.

The Good Faith Estimate does not include any unknown or unexpected costs that may arise during treatment. You could be charged more if complications or special circumstances occur. If this happens, federal law allows you to dispute (appeal) the bill.

The Good Faith Estimate is not a contract.

If you are billed for more than this Good Faith Estimate, you have the right to dispute the bill.

You may contact the health care provider or facility listed to let them know the billed charges are higher than the Good Faith Estimate. You can ask them to update the bill to match the Good Faith Estimate, ask to negotiate the bill, or ask if there is financial assistance available.

You may also start a dispute resolution process with the U.S. Department of Health and Human Services (HHS). If you choose to use the dispute resolution process, you must start the dispute process within 120 calendar days (about 4 months) of the date on the original bill.

There is a $25 fee to use the dispute process. If the agency reviewing your dispute agrees with you, you will have to pay the price on this Good Faith Estimate. If the agency disagrees with you and agrees with the health care provider or facility, you will have to pay the higher amount.

To learn more and get a form to start the process, go to
www.cms.gov/nosurprises/consumers or call 1-800-985-3059.

For questions or more information about your right to a Good Faith Estimate or the dispute process, visit www.cms.gov/nosurprises/consumers or call 1-800-985-3059.

Keep a copy of this Good Faith Estimate in a safe place or take pictures of it. You may need it if you are billed a higher amount.