

# Good Faith Estimate for Private Pay Therapy

Healthy Aging Physical Therapy (HAE/PT, LLC) 3 Jessica Lane, Wakefield, MA 01880

Date of Good Faith Estimate: \_\_\_/\_\_\_/\_\_\_

This estimate is for private physical and occupational services through 1 year from above date.

The estimate below reflects the per session costs for private pay patients. If we have a good estimation of how many visits you will require, you will see a total estimate for your cost of care. However, if your care may be ongoing, please understand we cannot adequately estimate full cost of your care given the uncertain timeframe of your private therapy care.

Contact: If you have questions about this estimate, please contact Katie Wadland by phone at (617) 851 5315 or by email at [katie@healthyagingpt.com](mailto:katie@healthyagingpt.com).

## ***Details of the Estimate***

The following is a detailed list of expected charges for private physical and occupational therapy services scheduled for starting on \_\_\_\_\_. The estimated costs are valid for 12 months from the date of this Good Faith Estimate, unless we send you an updated Estimate.

We estimate you will require \_\_\_\_ Visits per Week for \_\_\_\_ Number of Weeks

You will be responsible for the following, to be collected at the time of visit:

Cost of Initial Evaluation: \$200

Cost per each Follow Up Visit: \$150 per 60 Minute Session or \$112.50 per 45 Minute Sessin.

Likely Total Cost for Care \_\_\_\_\_

Billing Codes: Evaluation 97161, 97162 or 97163; ReEvaluation 97164; Therapeutic Exercise 97110; Neuro Re-Education 97112; Gait Training 97116; Manual Therapy 97124; Therapeutic Activities 97530; Education, Self-Management & Home Training 97535; Other\_\_\_\_\_

Practice providing services: Healthy Aging Physical Therapy (HAE/PT, LLC)

NPI number: 1366050106 TIN: 85-2018464 All services to be provided in your home.

Patient name \_\_\_\_\_ DOB \_\_\_\_\_

Patient or Authorized Party Signature: \_\_\_\_\_



## Good Faith Estimate (cont'd)

### Disclaimer

This Good Faith Estimate shows the costs of services that are reasonably expected for the expected services to address your rehabilitation needs. The estimate is based on the information known to us when we did the estimate. 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. If you are billed for \$400 more (per provider) than this Good Faith Estimate (GFE), you have the right to dispute the bill.

You may contact the practice at the contact listed above to let them know the billed charges are at least \$400 higher than the GFE. You can ask them to update the bill to match the GFE, 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 GFE. 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](http://www.cms.gov/nosurprises) or call CMS at 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](http://www.cms.gov/nosurprises) or call CMS at 1-800-985-3059 .

This GFE is not a contract. It does not obligate you to accept the services listed above.

Keep a copy of this Good Faith Estimate (GFE) in a safe place or take pictures of it. You may need it if you are billed more than \$400 than the estimate provided above.