

Good Faith Estimate

Purpose:

This Good Faith Estimate is intended to provide you with an estimate of the charges you'll incur at Dynamic Physio Therapy. Uninsured and self-pay clients are entitled to Good Faith Estimates as of January 1st, 2022 under the No Surprises Act.

Schedule date of first appointment: XX/XX/XXXX

Instructions: Please provide the name and credentials (NPI, Licenses) of any provider that will be involved in this client's plan of care. Please specify who will be the primary provider vs. secondary providers.

Providers involved and potentially involved in your care:

Dynamic Physio Therapy NPI --1336774967

Primary: Dr. Christopher Ellis

Secondary: Amanda Salazar

Clinic Fee Structure:

Your physical therapy treatment will include an initial evaluation and a combination of treatments that may include manual therapy, exercise, and fitness training. If you have any questions about your upcoming appointment, please don't hesitate to reach out before your visit.

The total cost of your care will include the initial evaluation, plus any follow-up visits, and will be paid up front, or as you go, depending on what you choose. You also have the option for virtual visits, home visits, to enroll in monthly personalized fitness programming and/or purchase other sport specific fitness programs. Your plan of care may change as you progress. If so, your Good Faith Estimate will be updated as well.

In-person initial evaluations and follow-ups are 1 hour each and are the same price. Discounted prices are shown below based upon package pricing.

In-person pricing:

Single visit initial elevation and follow-ups= \$249/each

6 Pack: \$1320 (\$220 each)

10 Pack= \$1940 (\$194 each)

Single visit Lymphatic/Recovery session: \$149

4 pack Lymphatic/Recovery: \$447

Hybrid Pack of 10 (4 Lymph, 6 PT): \$1767

Continuity: \$1920 a year or \$175 a month

*If more sessions are requested by the client/patient or suggested by the PT before the package is finished, client/patient has the opportunity to deny suggestion or purchase more visits at the discounted package price originally chosen.

Personalized fitness programming is offered on a monthly basis, for \$175/month; or on a three-month commitment basis, for \$435 every three months

Potential Treatment Codes To Be Used:

In person:

Initial Evaluation (97163)= \$249

Manual Therapy (97140)= \$62.25

Therapeutic Activity (97530)= \$62.25

Neuro Re-education (97112)= \$62.25

Therapeutic Exercise (97110)= \$62.25

*minus any package pricing discount

Patient Diagnosis:

Not Applicable as this client is coming in for wellness visits. Primary Diagnosis Code:---Secondary Diagnosis Code(s):

Estimated Total Cost For The Year:

Single Visit: \$249

10 Pack

Initial Evaluation: \$249 X 1

Follow -Up Appointments: \$185.67 x 9

Estimated Total Cost= \$1,920

Personalized fitness programming is offered on a monthly basis, for \$175/month; or on a three-month commitment basis, for \$435 every three months

Disclaimer:

For questions or more information about your right to a Good Faith Estimate, visit www.cms.gov/nosurprises or call the No Surprises Help Desk at 1-800-985-3059. This Good Faith Estimate shows the costs of items and services that are reasonably expected based on your health care needs. The estimate is based on information known at the time the estimate was created. It 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. This Good Faith Estimate is not a contract and does not require you to obtain the services or items from the providers or facility identified in it. You have the right to request another Good Faith Estimate at any time during your course of care. If the actual billed service charges exceed this estimate by \$400 or more, then you (the patient) have the right to dispute the bill via the patient-provider dispute resolution process with the U.S. Department of Health and Human Services (HHS). It may be easiest to settle this difference by contacting us at Dynamic Physio Therapy, before entering a potentially unnecessary dispute process. 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.