

Good Faith Estimate (taken from CMS.gov)

You have the right to receive a "Good Faith Estimate" (GFE) explaining how much your medical 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 medical items and services.

The 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 costs are estimates and not the final overall total charges.

The Good Faith Estimate is not a contract and does not require you (the self-pay individual) to obtain the items and services from any of the providers of facilities identified on the Good Faith Estimate.

Additional items and/or services that are not in the Good Faith Estimate may be recommended by the provider as part of the course of care. These must be scheduled separately and are not reflected in the Good Faith Estimate; information about these separate costs are provided in a separate Good Faith Estimate.

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

- You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency items or services. This includes related costs like supplies, and equipment.
- Make sure your health care provider gives you a Good Faith Estimate in writing at least 1 business day before your medical service or item. You can also ask your health care provider, and any other provider you choose, for a Good Faith Estimate before you schedule an item or service.
- 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 or call [1877-696-6775].



Good Faith Estimates:

Initial Evaluation including treatment: \$250.00

60 minute treatment: \$200.00

45 minute treatment: \$150.00

30 minute treatment: \$100.00

15 minute treatment: \$50.00

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| Provider/Facility Name | Provider Type | NPI | Taxpayer ID |
|------------------------|---------------|-----|-------------|
|                        |               |     |             |
|                        |               |     |             |

**Clinic location:** Hand-N-Hand Therapy, LLC 4850 31<sup>st</sup> Street South, Suite B Arlington, VA 22206

**Contact person:** Dr. Pamela Wood, PT, DPT 703-527-8446 hnhllctherapy@gmail.com

## Details of Services & Items:

| Service | Diagnosis (ICD-10) | CPT Code | Quantity | Expected Cost |
|---------|--------------------|----------|----------|---------------|
|         |                    |          |          |               |
|         |                    |          |          |               |
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|         |                    |          |          |               |

**Total Expected Charge:**