re+active

You have the right to receive a "Good Faith Estimate" 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.

- 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 medical tests, prescription drugs, equipment, and hospital fees.
- 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

Please find the Good Faith Estimate for re+active therapy services on the next page.

re+active
wellness and PT studio

Good Faith Estimation of Cost of Services Form

As a good faith estimate, we provide our charges for services. Please contact your insurance directly to confirm your benefits. We are at no time responsible if the insurance company provides incorrect information.

Services provided by: re+active PT & Wellness, NPI #: 1952650475, Tax ID: 46-0884527

Cost for PT/OT/ST/Psychology visits (50-mins each): **$269**

By signing this form I agree:

I am responsible for full charges at time of service.

Your insurance plan may not inform us if all mental health providers are covered in their plan

I authorize this office to release any information to my insurance company(s) by request

I understand that re+active may recommend additional services or items as part of the course of care that must be scheduled or requested separately and are not reflected in this good faith estimate.

This information is only an estimate of what is reasonably expected to be furnished at the time the good faith estimate is issued, and that actual services, items, or charges may differ.

This good faith estimate is not a contract and does not require me to obtain the services or items from any of the providers or facilities identified in it.

I have the right to initiate a patient-provider dispute if the actual billed charges are substantially higher than the expected charges included in the good faith estimate. I can initiate the dispute resolution process via email at info@re-activept.com and this will not adversely affect the quality of the health care services I receive.

I have the right to initiate a patient-provider dispute if the actual charges are substantially higher than the expected charges included in the good faith estimate. I can initiate the dispute resolution process via email at info@re-activept.com and this will not adversely affect the quality of the health care services I receive.

I have read and fully understand the terms of this agreement.

Signature Date