



THERAPY ASSOCIATES

www.northwoodstherapy.com

GOOD FAITH ESTIMATE

As part of the No Surprises Act, beginning January 01, 2022 Health Care facilities and providers are required to provide a Good Faith Estimate. This law pertains to patient's who are uninsured or planning not to use insurance to pay for your medical item or service (self-pay).

Northwoods Therapy Self -Pay Services

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|--------------------------------|-----------|
| 1) Initial Evaluation | \$150.00 |
| 2) Single Visit | \$ 120.00 |
| 3) Initial Dry Needling | \$ 70.00 |

Your total number of visits may vary. The estimates above are based on 30 – 60 minutes appointments.

This Good Faith Estimate shows the cost 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.

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

<https://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

<https://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.