



GOOD FAITH ESTIMATE

The No Surprises Act, which was signed into law on December 27, 2020, amends the Public Health Service (PHS) Act by establishing requirements for health care providers and facilities to protect patients from surprise medical bills and to provide good faith estimates (GFE) to potential patients. On September 30, 2021, the Departments of Health and Human Services, Labor, and Treasury issued an interim final rule with comment period outlining the details of the GFE and other provisions of the statute.

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 are entitled to receive this “Good Faith Estimate” of what the charges could be for **Elder Athlete Physical Therapy** provided to you. While it is not possible for us to know, in advance, how many sessions may be necessary or appropriate for a given person, this form provides an estimate of the cost of services provided. Your total cost of services will depend upon the number of sessions you attend, your individual circumstances, and the type and amount of services that are provided to you. This estimate is not a contract and does not obligate you to obtain any services from the provider(s) listed, nor does it include any services rendered to you that are not identified here.

This Good Faith Estimate is not intended to serve as a recommendation for treatment or a prediction that you may need to attend a specified number of therapy visits. The number of visits that are appropriate in your case, and the estimated cost for those services, depends on your needs and what you agree to in consultation with your therapist. You are entitled to disagree with any recommendations made to you concerning your treatment and you may discontinue treatment at any time.

- **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 or call 1-800-985-3059

Provider Name Dr. Lucie Marie Stagg, PT, DPT	License/#:PT36008
Provider Address: 490 1st Ave S. Suite 220, St. Petersburg, FL. 33701	
Provider Phone #: (727)380-4887	
Provider Tax ID#: 86-1985354	Provider NPI #: 1255910592

The Cash-Based fee for uninsured **Elder Athlete Physical Therapy** is session based.

Evaluation Session: \$200

Treatment Session: 1/2 hour session \$100

Treatment Session: 1 hour session \$200

A typical treatment program including an evaluation, and 12 ea 1/2 hour sessions over the course of 5 to six weeks with combined manual, therapeutic exercise and activities, and a Home Exercise program would total \$1,400. Should one prefer the more comprehensive hour-long sessions, the total cost would increase to \$2,600 over the same time period.

Many find they recover faster with the one-on-one, tailored therapeutic approach and do not require 12 sessions before they transition back to their activities.

You have a right to initiate a dispute resolution process if the actual amount charged to you substantially exceeds the estimated charges stated in your Good Faith Estimate (which means \$400 or more beyond the estimated charges).

You are encouraged to speak with your provider at any time about any questions you may have regarding your treatment plan, or the information provided to you in this Good Faith Estimate.

Date of this Estimate: ____01 Jan 2023_____

Patient Acknowledgement:

Patient Name: _____ Patient Signature/Date:_____