

Beth Shelly Physical Therapy LLC – Good Faith Estimate Self-pay

Beth's goal

“To provide the highest quality physical therapy for pelvic dysfunction.”

At this time I am unable to process claims for several insurance companies. In addition, in some cases, out of network coverage is poor and it is actually cheaper to self-pay. I would be happy to work with you to achieve your health care goals. Several discounts are applied automatically for all patients paying for therapy on the day of service (same day payment and no billing fee). In addition, there may be additional discounts or scholarships for financial need. Please ask Beth.

Please initial

_____ I understand Beth Shelly PT LLC will not be sending a bill to my insurance company.

_____ I understand that **I am ultimately responsible for my physical therapy charges** and agree to pay for my therapy in full at the time of service.

I will be paying these charges by

_____ Cash

_____ Check made payable to Beth Shelly PT LLC

_____ Credit card, debit card or HSA on line / in clinic - \$3 service fee beginning July 1, 2024

The Good Faith Estimate (GFE) is an estimate of your healthcare costs while receiving care at Beth Shelly Physical Therapy. As of Jan 1, 2022 all licensed healthcare providers in the US are required to provide estimates for the cost of your care. The Good Faith Estimate shows the cost of items and services that are reasonably expected for your healthcare needs and treatment. The Good Faith Estimate does not include unexpected costs that could arise during treatment. This is to decrease surprise expenses. I have always maintained transparency in pricing and billing with payment due at the time of service.

Cost of therapy varies depending on the time spent and type of treatment.

- Initial evaluation is \$128
- Treatment (40 to 50 min) is \$96.
- Treatment (55 to 65 min) is \$128

Treatment length varied depending on many factors including the complexity of your condition, your request for therapy, and how much of the home program you complete. Often patients are seen 6 to 8 visits over the course of 2 to 3 months with a range of estimated average cost \$608 (5 visits at \$96 plus the initial assessment at \$128 = \$608) to \$1024 (8 visits at \$128 = \$1024).

Some patients are seen more and some are seen less. Please ask Beth for specifics about your specific case. This cost does not include equipment that may be needed or late cancellation / no show fees.

A “super bill” has codes and numbers necessary to submit the expense to your insurance company for reimbursement or to apply to your deductible. The “super bill” will reflex the payment on the day of service and can be provided on your next appointment, emailed, or mailed to you. Please ask Beth if you want a “super bill”. Also a simple receipt for services can be provided at the end of your therapy for tax purposes. Please ask Beth if needed.

Disclaimers: (Federal Requirements and Protections) I ask you to sign this form per the requirements of the No Surprises Act. I repeat that this is not a contract, only an indication that you received this estimate and understand the cost of physical therapy services with me. This Good Faith Estimate shows the costs of items and services that are reasonably expected for your health care needs. 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 of the date on the original bill. There is a \$25 fee to use the dispute process, and the patient-provider dispute resolution process may be started if the actual billed charges are \$400+ more than the expected charges included in the GFE. 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 www.cms.gov/nosurprises or call 877-696-6775. 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.

My goal is to provide high quality therapy to restore you to good health and full activity level. I look forward to working with you to achieve your health goals. Please speak to me if you have questions or concerns. 563-940-2481 An answering machine is on at all times if I am not available. A copy of this page will be provided at the time of your first visit for your future reference.

Don't let anything get in the way of your success in physical therapy – you are worth it - achieve great health now.

Patient signature _____ Date _____