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Good Faith Estimate for Health Care Items And Services

This 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 does not include any unknown or unexpected costs that may arise during treatment, nor does it include any insurance coverages available to you. You could be charged more if complications or special circumstances occur.

Under the No Surprises Act, if you receive a bill that is at least \$400 more than your Good Faith Estimate, you can dispute the bill. For questions or more information about your right to a Good Faith Estimate or the dispute process, visit <u>www.cms.gov/nosurprises or call 800-985-3059</u>.

The following are estimated prices of medical services provided by this office.

New Patient Examination Estimate: \$125.00 to \$200.00

Established Patient Examination Estimate: \$95.00 to \$125.00

Nutritional Consult Per 15 Min Estimate: \$45.00

Manual Manipulation of the Spine Estimate: \$65.00

Decompression Therapy Estimate: \$40.00

Therapeutic Modalities Estimate: \$45.00

Acupuncture Estimate: \$40.00

**Patient Signature** 

Date

Office Staff Signature

Date