



# GOOD FAITH ESTIMATE

For providers Kristin Shiver, Dean Chance, Doug Guilbault, or Shauna Nettles  
507 NW 60th Street, Unit A, Gainesville, Florida 32607 / 352.271.1211

Patient Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date of Appointment \_\_\_\_\_

## E S T I M A T E D   S E R V I C E S   A N D   I T E M S

SERVICE PROVIDED	QUANTITY	SERVICE CODE [CPT, HCPCS, DRG]	NORMAL COST	PAPERWORK REDUCTION DISCOUNT COST
New Patient Exam [P]		99202-99203 & Adjustments	\$105 - \$145	\$84 - \$116
Adjustment / 10 Min Appt [R]		98940 or 98941	\$46.25 - \$56.25	\$37 - \$45
Re-Evaluation Exam [R]		99212 or 99213	\$78.75 - \$111.25	\$63 - \$89
Extra Time Per 10 Minutes [R]		98943, 97140, 97110, 97012, 97032	\$18 - \$75	Average \$40
ART with Dr. Doug 30 Minutes		Adjustments & 97140	\$86.25 - \$96.25	\$69 - \$77
BioScan SRT [50/30/10 Minutes]				\$105 / \$75 / \$40
Methylation [1 Hour / 30 Minutes]				\$246 / \$123

P - PRIMARY SERVICE / INITIAL REASON FOR VISIT  
C - CO-PROVIDER SERVICES  
R- REOCCURRING SERVICES OR ITEM / VALID FOR UP TO 12 MONTHS FROM DATE ON THIS FORM

<b>TOTAL EXPECTED CHARGES \$</b>	
<b>DATE OF GOOD FAITH ESTIMATE</b>	

**Disclaimers:**

The plan above is only an estimate. A new onset or new complaint would be a separate estimate that can be done upon request.

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

The information provided in this good faith estimate is only an estimate of items or services reasonably expected to be furnished at the time this good faith estimate was and actual items, services, or charges may differ from the good faith estimate.

You have the right to initiate the patient-provider dispute resolution process if the actual billed charges are \$400 more than the expected charges included in the good faith estimate and the dispute is initiated within 120 days after the date of the bill for the items or services. To start the process, you may contact us at the phone number or address listed above to let us know the billed charges are higher than the good faith estimate. You can ask us to update the bill to match the good faith estimate, as 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 within 120 calendar days (about 4 months) of the date of the original bill and if the agency disagrees with you, you will have to pay the higher amount. To learn more and to get a form to start the process, go to [www.cms.gov/nosurprises](http://www.cms.gov/nosurprises)



# GOOD FAITH ESTIMATE

For providers Kristin Shiver, Dean Chance, Doug Guilbault, or Shauna Nettles  
507 NW 60th Street, Unit A, Gainesville, Florida 32607 / 352.271.1211

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

This policy outlines the way the paperwork reduction discount will be used in this office and the patient's rights and choices. You must read and consent to this policy before receiving the discount. The discount for Chiropractic Services is 20%.

It is our mission to provide the highest quality care at an affordable price. We believe this discount to be highly beneficial to self-paying patients and most patients whose insurance we are not in-network with.

To receive this discount, you understand that the doctor and staff will no longer be performing time and cost-intensive paperwork procedures that are associated with filing medically necessary procedures to third-party payers. This means the doctor's note will not be tailored to the insurance company's needs and the staff will not be submitting billing and payment information to your insurance company for reimbursement. These notes typically will be unsatisfactory for insurance reimbursement or a court case.

A copy of this form can be made available to you upon request. Back in Balance Chiropractic reserves the right to terminate the discount at any time.

You will not be able to receive the 20% discount if you are sending claims to a third-party payer. If you need notes tailored to third-party payers, you'll be subject to paying the full price and billed 25 cents per page sent to third-party payers. Please notify the staff at any time if you change your mind so that we can update your account information.

If you would like an estimated treatment plan and cost totals, you may give this copy to your provider before signing it and they will fill out the treatment plan and cost estimates for you.

## **SIGN ONE OF THE TWO CHOICES BELOW**

I would like to receive the 20% discount and understand that I will not submit for 3rd party payments (insurance).

Signature \_\_\_\_\_

Date \_\_\_\_\_

*I choose to pay full price.*

Signature \_\_\_\_\_

Date \_\_\_\_\_