

Osteopathy Chicago, Ltd. 114 W. Rockland Rd. Libertyville, IL 60048

Good Faith Estimate for Osteopathic Services

Welcome and thank you for choosing Osteopathy Chicago, Ltd for your osteopathic healthcare needs. As a self-pay patient, you are entitled to a good faith estimate, which outlines the potential costs associated with your evaluation and treatment in our office.

The good faith estimate below is based on a suggested treatment plan for you. This treatment plan may change during our time together and you are entitled to an updated good faith estimate at any time. The information provided in this estimate, and any subsequent estimate, is only an estimate and actual items, services, and charges may be different. At any point during treatment, you have the right to engage in dispute resolution if the actual costs of services significantly exceed those listed in the below estimate.

This estimate does not obligate you to continue treatment or obtain any of the listed services from Dr. Dane J. Shepherd, D.O.

PATIENT NAME:	Date Of Birth:
DESCRIPTION OF SERVICE(S) TO BE PROVIDED: Osteopathic Manipulation, Homeopathy, Acupuncture	
PRIMARY DIAGNOSIS: diagnosis deferred	ICD-10 CODE: R69
SECONDARY DIAGNOSIS (if applicable):	ICD-10 CODE:

CPT® CODES FOR EXPECTED SERVICES (Note: Not every code will be charged at every visit)

CODE	DESCRIPTION	COST (\$)
99204	Office visit for the evaluation and management of a new patient	\$320.00
99214	Office visit for the evaluation and management of an established patient	\$315.00

Based on your plan of care and many additional factors including, but not limited to, how your body responds to treatment, your current health status, and other treatment(s) you are receiving from other providers, you will need between 3 visits and 10 visits this year, including any necessary evaluation(s) or re-evaluation(s). At \$315.00 per visit, the estimated total costs are between \$945.00 and \$3150.00.

This good faith estimate lists services that will be furnished at 114 W. Rockland Rd. Libertyville, IL 60048 and applies to Dr. Dane J. Shepherd, D.O. NPI# 1891831483 and Tax ID# 814916717.

By signing this document, you acknowledge that you have received and understand your financial responsibilities to this practice, if you choose to receive services. If you would like to seek reimbursement from your health insurance, we can provide a superbill at the end of your visit(s).

Please note that our rates may be different from your insurance reimbursement rate and reimbursement rates could be lower. We recommend that you check with your insurance provider for rates and coverage of services.

DISCLAIMER

This Good Faith Estimate details the expenses of services that are reasonably believed to be necessary to meet your current health care requirements. The estimate is based on information available at the time of its creation. The Good Faith Estimate excludes any unanticipated or unforeseen expenses that may occur during treatment.

From the date of the Good Faith Estimate, the estimated costs remain valid for 12 months.

Patient Signature

Date

Parent/Legal Guardian Signature

Relationship to Patient

Date