

## **Pinecone Physio Planning for the Cost of Care and Good Faith Estimate (March, 2024)**

Under section 2799B-6 of the Public Health Service Act, health care providers and health care facilities are required to provide a good faith estimate of expected charges for items and services to individuals who are not planning to utilize a health insurance plan for coverage upon request or at the time of scheduling health care services.

- Provider: Dr. Cori Lentz, PT, DPT, CSCS
- National Provider Identifier: 1154997021
- Group and Location: Pinecone Physio PLLC, 180 W Huffaker Ln, Ste 305, Reno, NV 89511
- Group National Provider Identifier and TIN: 1881261691; 87-1106148

### **Prices for evaluations and treatments of physiotherapy, wellness, sports, and golf rehab:**

Pinecone Physio evaluations are extremely thorough and typically last 75 to 90 minutes. This allows us to look at multiple regions of your body, delve deeper into a longer history, and more complex issues. If using insurance, the typical codes/charges would be (1EV, 1TE, 1MT, 1 TA, 1 NMR) at a cost of \$420.

- If self-pay, then apply a 43% self-pay discount = \$240

The majority of patients will need follow-up visits, typically 4-10 depending on the condition being treated. Follow up appointments vary from 15 minutes to 1 hour depending on your needs. If using insurance, the typical codes/charges would include “therapeutic activities” and the amount you pay will vary depending on your coverage, deductible, co-insurance percentage, and copayment for specialists. The rates for self-pay are discounted as follows:

- 15 min: \$60
- 30 min: \$120
- 45 min: \$180
- 1 hour: \$240
- 75 min: \$300
- 90 min: \$360

Follow-up appointments include physiotherapy, wellness, sports rehab, golf rehab, cupping, Graston® Technique, Active Release Technique®, blood flow restriction therapy, and kinesiotape.

Assuming booking 30-minute follow-ups (for an episode of care with 4-10 visits) this translates into a cost range of \$480 to \$1200. Please note this is in addition to the cost of the required initial evaluation and any add-on treatments. This results in a very low cost compared to advanced imaging, surgery, or injections.

### **Prices for add-on treatments that are not covered by insurance:**

Please note the prices below are **in addition** to the cost of the required initial evaluation, follow-up appointments, and any time for additional treatments. The rates for self-pay are discounted as follows:

- Functional Dry Needling: 3 or more muscles: \$60
- Class IV Laser Therapy: \$60 each or 6 treatments for \$270
- Extracorporeal Shock Wave Therapy (ESWT) involving the musculoskeletal system: \$60 each or 6 treatments for \$270
- Red Light Therapy: \$39 each or monthly membership options listed at [pineconephysio.com](http://pineconephysio.com)
- Vielight Therapy: \$39 each or monthly membership options listed at [pineconephysio.com](http://pineconephysio.com)
- Non Surgical Spinal Decompression: \$60 each or package options listed at [pineconephysio.com](http://pineconephysio.com)
- Diagnostic Ultrasound: \$140 for each limited area within a joint or extremity.
- Ultrasound Guided Percutaneous Needling Tenotomy (PNT): Varies based on area with an average cost of \$240. Please contact our office.

## Additional Considerations

Pinecone Physio is dedicated to the Northern Nevada community and the breathtaking environment surrounding us. Special pricing and discounts are provided for several organizations, professions, volunteers, environmental programs, and community heroes. Ask our owner or staff for additional details. Discounts are only applied for self-pay patients.

Methods of payment can vary and include cash, check, personal credit cards, healthcare savings account (HSA), or flexible spending account (FSA).

If you are a self-pay patient having difficulty affording to pay amounts as frequently as you need care, simply ask to speak to our owner about community discounts, payment plans, or a sliding scale based on need. Your health is our number-one priority. As such, we are happy to arrange a payment plan for a mutually agreed upon monthly amount which can be set up with a card on file. That way, you can pay for your care over a timeframe that works for you, and you can receive the care you need to get back to doing what you love.

If using in-network insurance plans, this is what is due to Pinecone Physio at the time service, depending on your coverage:

- If your deductible has not been met: We collect the full cost of the session from you and submit paperwork to your insurance so they can add it to amounts paid toward your deductible.
- If your deductible has been met, but your plan has co-insurance: We collect the co-insurance percentage of the visit. For example, if you have met your deductible and your co-insurance percentage is 20%, your insurance pays 80%, and you pay 20%. Your insurance plan determines the co-insurance percentage.
- If your insurance plan has a specialist copay amount without needing to meet the deductible: We collect the specialist copay amount. A Physical Therapist is considered a specialist by most insurance companies. Most insurance plans require patients to pay more to see a specialist. For example, your doctor visit may be a \$25 co-pay and a specialist may be a \$60 co-pay. Your insurance may require you to meet your deductible when seeing a specialist.

## Disclaimers

This Good Faith Estimate shows the costs of items and services that are reasonably expected for your health care needs. This 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 you are billed 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 fee to use the dispute process. 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/consumers](http://www.cms.gov/nosurprises/consumers) or call 1-800-985-3059.*

*For questions or more information about your right to a Good Faith Estimate or the dispute process, visit [www.cms.gov/nosurprises/consumers](http://www.cms.gov/nosurprises/consumers) or call 1-800-985-3059.*

Please also view Planning for the Cost of Care and Good Faith Estimate online here:  
<https://pineconephysio.com/forms-and-hand-outs>.