

Clinic Name: **Varney Chiropractic**
NPI #: 1639352057 Tax ID #: 010443541
1071 Auburn Rd, Ste F, Turner ME 04282 – 207-225-5949

Patient Information

Patient Name: _____
Date of Birth: ____/____/_____
Patient Mailing Address: _____
City: _____ State: _____ Zip: _____
Phone Number: (_____) _____
Email Address: _____
Contact Preference: [☐] by mail [☐] by email

Good Faith Estimate for Health Care Items and Services

This estimate covers 20 visits or 1 calendar year, whichever comes first.

DATE OF FIRST VISIT: _____ DIAGNOSIS CODE(S): unknown

List of items or services that are “reasonably expected” to be furnished:

OUR FEES BY CPT CODE:

New Patient Exams (99202 or 99203): \$60 or \$75

Re-Examinations (99212 or 99213): \$45 or \$60

Spinal Manipulations: 98940 (1-2 regions) for \$40, 98941 (3-4 regions) for \$50, 98942 (5 regions) for \$55.

Extremity Treatment (98943, 97140-59 or 97140): \$20 or \$50 (Depending if paired with adjustment)

Massage/Trigger Point Therapy (97140-59 or 97140): \$20 or \$50 (Depending if paired with adjustment)

Laser (97026-59 or 97026): \$20 or \$40 (Depending on if paired with an adjustment)

ESTIMATE BY VISIT TYPE:

NEW PATIENT (TOTAL COST FOR 1ST DAY): \$110 - \$135

RE-EXAMINATION (TOTAL COST FOR THAT DAY): \$95 - \$120

TREATMENT VISIT (if seeing only one provider that day): \$50 - \$60

TOTAL ESTIMATED CHARGES for 20 VISITS: \$1070.00 TO \$1350.00

**This is an estimated cost only. More (or less) visits may be needed.*

CANCELLATION FEE: If you cancel with less than a 6 hour notice or no-show, you will be responsible for paying our cancellation fee: \$45 for exam visits and \$40 for treatment visits. We cannot estimate your cost for cancellation fees. You are in control of that. We reserve the right to waive this fee at our discretion for good reason.

If your condition requires other (outside) testing, such as an MRI or Lab you will receive a separate estimate and billing directly from them.

Please Note:

- Disclaimer: there may be other services required that must be scheduled separately during the course of treatment and are not included in the Good Faith Estimate (GFE)
- Disclaimer: this is only an estimate and actual services, and charges may differ
- Disclaimer: GFE is not a contract, and the patient is not required to obtain services from this provider
- You have the right to receive a “Good Faith Estimate” explaining how much your medical health care will cost.
- Under the law, health care providers need to give patients who don’t have insurance or who are not using insurance an estimate of the expected charges for medical services
- You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency healthcare services
- You can ask your health care provider, and any other provider you choose, for a Good Faith Estimate before you schedule a service.
- If you receive a bill that is at least \$400 more than your Good Faith Estimate, you can dispute the bill. Make sure to save a copy or picture of your Good Faith Estimate.
- Federally Required Good Faith Estimate Disclaimers: This estimate shows the costs of items and services that are reasonably expected for your health care needs for an item or service. It is not a contract for items/services and you are not required to obtain the items/services identified in this estimate from us. The estimate is based on the information known at the time the estimate was created and our fee schedule at the time of request. The estimate does not include any unknown or unexpected costs that may arise during treatment. It also does not include any additional items/services we recommend that are scheduled separately. You could be charged more if complications or special circumstances occur, therefore actual charges may be different. If this happens, federal law allows you to dispute (appeal) our bill. (See Disputes below.)
- Disputes. To raise a dispute about our charges, your bill must be at least \$400 more than the fees we have quoted on this Good Faith Estimate or any updated future estimate provided in advance of the delivery of future services. If you believe you have a dispute that meets this threshold, you can start a dispute resolution process with the U.S. Department of Health and Human Services (HHS). You must start the dispute process within 120 calendar days of the date you receive our bill (on the date of service unless you have made other payment arrangements with us). There is a \$25 fee to use the dispute process. If the agency reviewing your dispute agrees with you, you will pay the price on this Good Faith Estimate. If the agency disagrees with you and agrees with us, you will have to pay our fees. If you open a dispute, it will not adversely affect the quality of care we provide. To learn more or to get a form to start the process, go to www.cms.gov/nosurprises or call HHS at the number on their website.