

Good Faith Estimate for Health Care Items and Services Under the No Surprises Act  
OMB Control Number [0938-XXXX]; This estimate for Physical Therapy / Therapeutic  
Exercises expires 12 months from the date of delivery

#### Date of Good Faith Estimate (GFE)

The date of this GFE is the date in which you it is delivered to you through our portal. The  
estimated costs are valid for 12 months from the date of delivery.

\*We reserve the right for price increases, at which time we will notify you and provide a new  
GFE.

#### Understanding your GFE

The GFE is an estimate of your healthcare costs while receiving care with a convening  
provider at one of our convening facilities.

#### How does it affect me and why am I asked to sign this?

As of January 1, 2022, all licensed healthcare providers in the U.S. are required to provide  
estimates for the costs of your care. The Good Faith Estimate (GFE) shows the cost of  
items and services that are reasonably expected for your healthcare needs and treatment.  
This will be provided by this office upon scheduling and/or as requested. This Good Faith  
Estimate does not include unexpected costs that could arise during treatment.

#### How does this affect billing and payment policies for healthcare with us?

The intent of the law is to protect you from surprise billing and "unexpected surprise  
charges". We have and will always maintain transparent pricing and simple billing with  
payment due at time of service without any surprises after this time. We do not send  
patients a bill. Invoices are always available in your patient portal so that you can review  
the services provided and payments made at any time. We are still required to provide you  
with this document, by law.

#### Costs of Services

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Please review the above section for detailed pricing to view a range of out-of-pocket  
healthcare costs with Newburyport Wellness, LLC.

#### Cancellation and No-Show Policy

Your appointment time is reserved just for you. A late cancellation or missed visit prevents  
both you to receive scheduled healthcare and another patient from receiving treatment at  
that time. As a courtesy to other patients and our providers, we require a 24-hour (or  
greater) notice for cancellations or changes to your appointment. A cancellation fee equal  
to the scheduled fee for the appointment will be collected for appointments cancelled with  
less than 24 hours notice.

## CPT Codes

CPT codes (Current Procedural Terminology) are used to identify professional services provided and to report those services in a way that can be universally understood by institutions, private and government payers, researchers, and others interested parties. Essentially, this is a number that identifies the type of service received. Your treatment may include sessions that are coded by one or more of the CPT codes listed below. The most common treatment sessions are one hour in length and are billed with 4 units (8-15 minutes each) or codes, which could be 4 units of 1 code (e.g. manual therapy x 4) or 1 unit each of 4 different codes. Either way, the price of the session is the same as indicated above.

### Physical Therapy Evaluation

Potential CPT codes could include: 97161, 97162, or 97163 (evaluation of low, moderate or high complexity) or 97164 (patient re-evaluation)

### Physical Therapy Follow Up Treatment

Potential CPT codes could include but are not limited to:

97110: Therapeutic Exercise

97112: Neuromuscular Re-education

97116: Gait Training

97140: Manual Therapy

97530: Therapeutic Activities

97535: Self Care Management Training

## Diagnosis

The No Surprises Act and Good Faith Estimate regulations ask that we provide a diagnosis on this form. We do not typically diagnose patients unless we believe a specific diagnosis to be accurate and after careful consideration, assessment, and consultation with the patient.

We are ethically obligated to only diagnose after a thorough evaluation, assessment, and discussion with you and/or your medical team. We reserve the right to defer diagnosis until we can properly assess your case, conduct an appropriate evaluation, and discuss treatment planning with you and your medical team. Therefore, the current diagnosis for the purpose of this document may not be identified.

## **Estimated Charges**

We anticipate that you will require between 4-12 sessions over the course of the course of 1-4 months. Please keep in mind that this broad range is just to provide you with a tangible range of fees, and we can only begin to predict a timeline after your evaluation.

Initial Session Fee \$240 and consists of evaluation, initial plan to restore function, email access after session to clarify and answer questions and brief review of the findings and steps needed to achieve your stated goals.

### **Follow Up Sessions:**

Manual & Exercise based session with home program (does not include personalized videos, handouts, extended videos or accountability): \$150/session

Manual therapy and Exercise based Session Packages with Additional Benefits:  
Includes: one set of exercise bands, personalized videos, access to longer video workouts, meditations, educational support handouts, email access to clinician between sessions.  
\$175

1 month of care and support including 4 1:1 sessions and above support \$680 + access to extended video exercises during plan of care

2-3 months of care and support includes 8 1:1 sessions and above support \$1360+ access to extended video exercises during plan of care

3 -4 months of care and support: includes 12 1:1 sessions and above support \$2040 + no cost for secondary injury eval should you need treatment for secondary issue during this time frame and access to extended video access.

Membership: \$15/month membership maintains access to current and to be released exercise videos as well as provides on additional initial assessment should you have new injury or need care for additional body part during the time you are a member.

Typically, clients start with weekly sessions and progress to biweekly or even less frequent visits based on your goals and need. The number of visits that are appropriate in your case, and the estimated cost for those services will ultimately depend on your needs and what you agree to in consultation with your physical therapist. This estimate could change depending on your individual condition and your progress during treatment. The recommended length of treatment will be discussed during your first and second sessions. Should you require 3 months of therapy the estimated charges could Additional visits or services could be recommended during your care. We can discuss any potential changes and you may request an updated Good Faith Estimate at any point during your care. The amounts listed above are only an estimate of the cost of services with our providers and our locations and at any point during your care, you may request an updated estimate. This Good Faith Estimate is not intended to serve as a recommendation for treatment or a prediction that you may need to attend a specified number of sessions with your physical therapist. You are entitled to disagree with any recommendations made to you concerning your treatment and you may discontinue treatment at any time. This estimate is not a contract and does not obligate you to obtain any services from the provider(s) listed, nor does it include any services rendered to you that are not identified here. We believe the therapeutic relationship to be paramount, and we regard your autonomy, right to self-determination, and choice to receive treatment where you will most benefit. It is important that you understand your right to choose your provider based on your unique needs, the provider's specialization, and the right fit.

NOTE: this estimate does not include healthcare cost associated with:

- The cost to see a provider that we have recommended that you see and/or referred you to (e.g. specialty provider such as dietitian, counselor, etc).
- The costs of products sold (which are provided as a convenience to you and are optional)
- The cost of screens or testing (scheduled separately; testing is included with standard PT sessions)
- Late cancellation or no show fees per our policy forms that you will sign as a patient (equal to the scheduled cost of the missed appointment(s))
- Add

### Expected Frequency and Length of Treatment

We recognize that each patient has a unique treatment journey. Factors affecting your length of treatment may include: your presenting problem, history of presenting problem, stated goals for treatment, challenges and life circumstances, availability to schedule sessions, your support system, age at problem onset, presence of commonly occurring conditions we see in our patients, and others. Our standard practice is to create a treatment plan with each patient's input after the initial evaluation. As progress is made, or if new problems arise, the treatment plan can be revised/updated. We cannot determine without an evaluation what the frequency and length of treatment might need to be. However, the cost of treatment sessions is consistent over time and does not change, as outlined below.

As an example of individual variation in care, one patient with chronic tension headaches may have resolution of symptoms after 4 weekly visits, then have a flare of symptoms 6 months later requiring 2 visits, then report doing well for the rest of the year. Another patient with the same diagnosis might require weekly physical therapy for 4 months in order to improve symptoms. Some conditions such as post operative orthopedic surgeries may require a more predictable number of physical therapy visits but can still have variations based on individual factors. It will become clearer after you have had an evaluation and a few visits what your overall treatment plan is likely to include and we can update your GFE upon request.

### Location of Services

For your convenience, we conduct both in-person and virtual sessions. The estimate does not change based on your session being in-person or via telehealth.

### Disclaimers: Federal Requirements and Protections

We ask you to sign this form per the requirements of the No Surprises Act. We repeat that this is not a contract, only an indication that you received this estimate and understand the cost of physical therapy services with us. 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. You could be charged more if complications or special circumstances occur. If this happens, federal law allows you to dispute (appeal) the bill.

If you are billed for more than this Good Faith Estimate, you have the right to dispute the bill.

ou 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 \$25 fee to use the dispute process, and the patient-provider dispute resolution process may be started if the actual billed charges are \$400+ more than the expected charges included in the GFE. 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](http://www.cms.gov/nosurprises) or call 877-696-6775. For questions or more information about your right to a Good Faith Estimate or the dispute process, visit [www.cms.gov/nosurprises](http://www.cms.gov/nosurprises) or call 877-696-6775. Keep a copy of this Good Faith Estimate in a safe place or take pictures of it. You may need it if you are billed a higher amount. If you want your diagnosis updated on this GFE after your assessment, you must let your clinician know.