



EMPOWER  
PHYSIOTHERAPY & TRAINING

Good Faith Estimate for Health Care Items and Services

<b>Patient</b>		
Patient First Name	Middle Name	Last Name
Patient Date of Birth:		
Patient Identification Number:		
<b>Patient Contact Information</b>		
Street or PO Box	Apartment	
City	State	ZIP Code
Phone:		
Email Address:		
Patient's Contact Preference:	<input type="checkbox"/> Mail	<input type="checkbox"/> Email <input type="checkbox"/> Phone
<b>Patient Diagnosis</b>		
Primary Service or Item Requested/Scheduled Physical Therapy		
Patient Primary Diagnosis	Primary Diagnosis Code	
Patient Secondary Diagnosis	Secondary Diagnosis Code	

If scheduled, list the date(s) the Primary Service or Item will be provided:
<input type="checkbox"/> Check this box if this service or item is not yet scheduled
<b>Date of Good Faith Estimate:</b>
<b>Provider Name:</b> Dr. Kelsey Kuehn PT, DPT, CSCS <b>Estimated Total Cost:</b>
See itemized estimate attached for more detail. The estimated costs are valid for 12 months from the date of this estimate.



## Empower Physiotherapy LLC Good Faith Estimate

<b>Provider/Facility Name</b> Empower Physio Therapy LLC		<b>Provider/Facility Type</b> Physical Therapy
<b>Street Address</b> 529 Gold Street		
<b>City</b> Buena Vista	<b>State</b> Colorado	<b>ZIP Code</b> 81211
<b>Contact Person</b> Kelsey Kuehn PT, DPT, CSCS	<b>Phone</b> 719-221-9830	<b>Email</b> empower.physio.training@gmail.com
<b>National Provider Identifier</b> 1720447881		<b>Taxpayer Identification Number</b> 85-1939838

### Details of Services and Items for Empower Physiotherapy LLC

Service/Item	Address where service/item will be provided	Diagnosis Code	Service Code	Quantity	Expected Cost
Physical Therapy Initial Evaluation	529 Gold Street Buena Vista, CO 81211			1	\$130
Physical Therapy Follow Up Appointment	529 Gold Street Buena Vista, CO 81211			1	\$90

<p><b>Total Expected Charges from Empower Physiotherapy:</b>                  \$135 for initial evaluation                  \$90 for each follow up visit</p>
<p>DISCLAIMER: Empower Physiotherapy LLC is not an insurance provider for this claim. Patient to pay in full at time of service. Please send any payment directly to the patient.</p>
<p><b>Total estimated cost for all services and items: \$</b></p>

## Disclaimer

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.**

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 (about 4 months) of the date on the original bill.

There is a \$25 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](http://www.cms.gov/nosurprises) or call the Chaffee Country Health and Human Services Department 719-530-2500.

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 the Chaffee Country Health and Human Services Department 719-530-2500.

**Keep a copy of this Good Faith Estimate in a safe place or take pictures of it. A copy will also be kept in your medical records.**