



Good Faith Estimate

EXPECTED CHARGES FOR UNINSURED AND SELF-PAY CLIENTS · NO SURPRISES ACT

You have the right to receive a Good Faith Estimate explaining how much your care will cost. This estimate covers the physical therapy services Rooted Motion reasonably expects to provide. It is an estimate, not a bill, and it does not obligate you to receive any of the services listed.

CLIENT NAME _____	DATE OF BIRTH _____	DATE OF ESTIMATE _____
CARE EXPECTED TO BEGIN _____	ESTIMATE COVERS THROUGH _____	EXPECTED FREQUENCY _____
WHERE CARE IS DELIVERED _____		<i>client's home, workplace or gym — with city and state</i>

REASON FOR THE VISIT, IN PLAIN WORDS

DIAGNOSIS CODE(S) — ICD-10 _____ PRIMARY SERVICE EXPECTED _____ *in plain words, not a code*

ITEMIZED ESTIMATE

SERVICE	CODES THAT MAY APPLY	VISITS	CHARGE EACH	EXPECTED TOTAL

TOTAL EXPECTED CHARGES

PRACTICE _____	ORGANIZATION NPI _____	TAX ID _____
TREATING THERAPIST _____	INDIVIDUAL NPI _____	VA LICENCE # _____

WHAT THIS ESTIMATE ASSUMES

Physical therapy is re-evaluated as it goes, so the final amount may differ from this estimate. You may need fewer visits than expected, or more, and your goals may change along the way. This estimate reflects what is reasonably expected at the time it is written, based on the information available then. Your rights, including how to dispute a bill, are on page 2.



What a Good Faith Estimate is

Under the federal No Surprises Act, health care providers must give clients who are uninsured, or who are insured but not using their insurance for a service, an estimate of expected charges before care begins. Rooted Motion is a cash-based practice and does not bill insurance, so nearly every client receives one. It covers the period shown on page 1, never more than twelve months; if your care continues beyond that, you will get a new estimate first.

What it is not

It is not a bill, and it is not a contract. You are not required to receive any of the services listed, and you may choose to stop at any point. The estimate does not include services from anyone other than Rooted Motion — if another provider becomes involved in your care, ask them for their own estimate.

Your right to dispute a bill. If you are billed at least \$400 more than this Good Faith Estimate, you may start a patient-provider dispute resolution process with the U.S. Department of Health and Human Services. You must start that process within 120 calendar days of the date on your bill. Starting a dispute will not affect the care you receive. There is a fee to use the process. For more information, visit cms.gov/nosurprises or call 1-800-985-3059.

Keep this document

Save a copy of this estimate somewhere you can find it. If you later want to compare it with a bill, you will need it.

If you have Medicare, Medicaid or TRICARE

These rules cover uninsured and self-pay clients. They do not apply to people using Medicare, Medicaid, TRICARE or similar federal coverage. Medicare in particular has its own rules for physical therapy, so please talk with us before you book.

Questions

Call or text (804) 351-9041, or email info@rootedmotionpt.com. If anything on page 1 is unclear, ask before your first visit rather than after it.

DELIVERED TO CLIENT ON _____ DELIVERED BY _____

- | Client received a copy of this Good Faith Estimate before care began.
- | Client had the opportunity to ask questions about the expected charges.