



4647 S. Clyde Morris Blvd. Suite 502 Port Orange, FL. 32129 Phone: 386-202-2714 Fax: 386-202-2708
Tax ID: 82-2886119 Group NPI: 1215447438 Menneto NPI: 1659695583

Good Faith Estimate for Health Care Items And Services

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, nor does it include any insurance coverages available to you. You could be charged more if complications or special circumstances occur.

Under the No Surprises Act, if you receive a bill that is at least \$400 more than your Good Faith Estimate, you can dispute the bill. For questions or more information about your right to a Good Faith Estimate or the dispute process, visit www.cms.gov/nosurprises or call 800-985-3059.

The following are estimated prices of medical services provided by this office.

New Patient Examination **Estimate:** \$125.00 to \$200.00

Established Patient Examination **Estimate:** \$95.00 to \$125.00

Nutritional Consult Per 15 Min **Estimate:** \$45.00

Manual Manipulation of the Spine **Estimate:** \$65.00

Decompression Therapy **Estimate:** \$40.00

Therapeutic Modalities **Estimate:** \$45.00

Acupuncture **Estimate:** \$40.00

Patient Signature

Date

Office Staff Signature

Date