## Back In Motion Physical Therapy

## **Good Faith Estimate**

## You have the right to receive a "Good Faith Estimate" explaining how much your medical 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 bill for medical services and items.

You have the right to receive a Good Faith Estimate for services provided and related costs for supplies/equipment utilized for your treatment.

Make sure your health care provider gives you a Good Faith Estimate in writing at least 1 business day before your medical service. You can also ask your health care provider, and any other provider you choose, for a Good Faith Estimate before you schedule services.

If you receive a bill that is at least \$400 more than your Good Faith Estimate you can dispute the bill by emailing <a href="mailto:admin@backinmotion.net">admin@backinmotion.net</a> or contact CMS Customer Service Billing department at 800-549-3720.

Make sure to keep a copy or picture of your Good Faith Estimate.

For questions or more information about your right to a Good Faith Estimate, visit <a href="https://www.cms/nosurprises">www.cms/nosurprises</a> or call 877-267-2323.