

# MASON FAMILY CHIROPRACTIC

NPI #: 1578572160 Tax ID #: 550778547

1414 Country Club Rd., Suite #2 Fairmont, WV 26554

304-534-8493

## Patient Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Patient ID #: \_\_\_\_\_

Mailing Address (city | state | zip): \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ [ ] home [ ] cell

Email Address: \_\_\_\_\_

Contact Preference: [ ] by mail [ ] by email [ ] by phone

## Good Faith Estimate for Health Care Items and Services

An itemized list of items or services that are “reasonably expected” to be furnished:

Date of First Visit: \_\_\_\_\_

This estimate covers dates through: \_\_\_\_\_

Services and Codes	Regular Pricing	ChiroHealth USA Pricing
New Patient Exams 99202 - 99205	\$175.00 - \$275.00	\$131.25 - \$206.25
Established Patient Re-Exam 99211 99212 99213	\$ 40.00 \$ 80.00 \$125.00	\$ 30.00 \$ 60.00 \$ 82.50
Chiropractic Adjustment 98943 98940 98941	\$ 40.00 \$ 45.00 \$ 70.00	\$ 30.00 \$ 45.00 \$ 45.00
Non-Supplemental Supplies (ex. Biofreeze, Pillows, Orthotics)	\$ 5.00 - \$ 500.00 Varies according to product	10% Off
Nutritional Supplements (prices may change)	\$ 7.00 - \$107.00 Varies according to product	10% Off
Physiotherapies per unit Laser Therapy per unit	\$ 40.00 - \$ 53.00 \$ 40.00	\$ 30.00 - \$ 39.75 \$ 40.00

**\*ChiroHealth Discounts EXCLUDE:**

**ALL Laser Therapies, Vitamin D Hydroxy Tests and ALL individual lab tests.**

**X-Ray Services are NOT offered at this facility**

## Your Estimated Care Plan:

### Diagnosis Code(s):

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Expected Exam CPT code for your care: \_\_\_\_\_

Expected Adjustment CPT codes for your care:

\_\_\_\_\_ for \_\_\_\_\_ visits.

Expected physiotherapy CPT codes for your care:

\_\_\_\_\_ for \_\_\_\_\_ visits.

Expected total number of visits expected for you care: \_\_\_\_\_

Expected Supplement charges for your care: \_\_\_\_\_

Total Estimated Monthly Charges for your care\*: \_\_\_\_\_

\*This is an estimated cost only covering date stated. More (or less) visits may be needed. If your condition requires other (outside) testing, such as an MRI or Lab, you will receive a separate estimate and billing directly from them.

If we anticipate any outside scheduling it would be:

\_\_\_\_\_  
List of items from other providers that will require separate scheduling if applicable:

### Please Note:

- Disclaimer: there may be other services required that must be scheduled separately during the course of treatment and are not included in the Good Faith Estimate (GFE)
- Disclaimer: this is only an estimate and actual services, and charges may differ
- Disclaimer: GFE is not a contract, and the patient is not required to obtain services from this provider
- You have the right to receive a "Good Faith Estimate" explaining how much your medical health 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 expected charges for medical services
- You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency healthcare services
- You can ask your health care provider, and any other provider you choose, for a Good Faith Estimate before you schedule a service.
- If you receive a bill that is at least \$400 more than your Good Faith Estimate, you can dispute the bill. Make sure to save a copy or picture of your Good Faith Estimate
- For questions or more information about your right to a Good Faith Estimate, visit [www.cms.gov/nosurprises](https://www.cms.gov/nosurprises)
- Complaints about medical billing - You can submit a complaint about a medical billing experience you had, whether you're insured or uninsured. <https://www.cms.gov/nosurprises/consumers/complaints-about-medical-billing>