



**TRUE NORTH PHYSICAL THERAPY
and WELLNESS, LLC**

805 Madison St SE, Ste 2D

Huntsville, AL 35801

www.truenorthptwellness.com

caroline@truenorthptwellness.com

256-924-0881

meredithjohnsonmpt@gmail.com

706-662-7883

GOOD FAITH ESTIMATE for PHYSICAL THERAPY SERVICES

PATIENT: _____

DOB: _____

ADDRESS: _____

(please check preferred contact) **PHONE:** _____ **EMAIL:** _____

PATIENT SERVICES: Physical Therapy

DIAGNOSTIC CODES: _____

PROCEDURAL CODES USED and PRICE PER CODE:

97161 Evaluation-Low Complexity, \$94.00

97162 Evaluation-Moderate Complexity, \$94.00

97110 Therapeutic Exercise, \$34.00

97112 Neuro-Motor Retraining, \$34.00

97116 Gait Retraining, \$34.00

97140 Manual Therapy, \$34.00

Possible items purchased for treatments;

Theraband, \$4.00 per 3 feet

Pulley, \$12.00

Ball, \$4.00

Expected Costs per treatment session of Physical Therapy;

Evaluation fees are currently \$162.00

Hourly Treatment session fees for follow-up care are \$136.00 per session.

PROVIDERS;

Caroline Choppa, NPI: 1215479084 EIN: 47-5184916

Meredith Johnson, NPI

Individual Client GOOD FAITH ESTIMATE for recommended Course of Physical Therapy Treatment, dated __/__/__: \$ _____

This estimate is based on current pricing for PT Codes, projected number of treatment sessions, and severity of diagnoses.

DISCLAIMER; This is an APPROXIMATE ESTIMATE ONLY based on current information and PT recommendations. A separate, updated estimate will be provided if changes occur in health status, progress, unforeseen complications or scheduling issues. Please note that exact predictions in rehabilitation services are difficult, and your PT may need to recommend more treatment sessions based on your individual recovery. If this occurs, these possible future fees ARE NOT INCLUDED in this current GOOD FAITH ESTIMATE. Again, this is a current estimate only based on reasonable fees for expected services and supplies.

This GOOD FAITH ESTIMATE is not a binding contract that requires the patient to obtain all recommended PT services. A patient may choose to stop their treatments at any time prior to completing the recommended program without being required to pay the remaining Good Faith balance.

DISPUTES: If final charges for PT services are substantially higher than expected based on your Good Faith Estimate you have the right to initiate a patient-provider dispute. This dispute must be initiated within 120 calendar days of receiving the initial bill containing excessive charges. Patients initiate a dispute by contacting HHS.