

## **Good Faith Estimate (GFE)**

### **PT360HEALTH LLC**

Thank you for choosing **PT360HEALTH LLC** for your health and wellness needs. We are committed to providing you with transparent pricing and helping you understand the potential costs associated with your treatment. The following is a Good Faith Estimate (GFE) for the services you are considering.

### **What is a Good Faith Estimate?**

A Good Faith Estimate is an estimate of the costs associated with your medical or healthcare services. This estimate is provided in advance, to give you an idea of what you may be responsible for paying. Please note that this is only an estimate, and the final charges may vary depending on your actual treatment, the length of time, or any additional services required.

### **Services Included in this Estimate**

Below is a list of the services we expect to provide, along with the estimated costs:

<b>Service</b>	<b>Estimated Cost</b>
Initial Consultation	\$175
Follow up Session (1 hour)	\$125
Evaluation and Assessment	\$175
Dry Needling	\$80

### **Payment Information**

- **Insurance Coverage:** This estimate is based on the assumption that you are not using insurance to cover the services or your insurance doesn't cover the services. If you plan to use insurance, please note that this estimate does not include the potential discounts or coverage that may apply to your plan.
- **Self-Pay:** If you are paying out-of-pocket, the total charges will be based on the services rendered, as listed above.
- **Payment Options:** PT360HEALTH LLC offers flexible payment options, including credit card payments and check payments.

### **Important Notes**

- **Variations in Cost:** The actual amount you owe may differ from this estimate due to unexpected changes in treatment or additional services that may be necessary.
- **Out-of-Pocket Expenses:** You may be responsible for co-pays, deductibles, or coinsurance amounts that are not reflected in the estimate.
- **Contact Us for Assistance:** If you have any questions or need further clarification regarding your estimate, please contact our billing department at 561-376-2001 or via email at info@pt360health.com.

#### **Terms and Conditions**

- This Good Faith Estimate is valid for 120 from the date issued.
- PT360HEALTH LLC reserves the right to revise this estimate based on the actual services rendered.
- The estimate does not guarantee that insurance will cover the services or that the final amount billed will be the same as the estimate.

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By signing below, you acknowledge receipt of this Good Faith Estimate and understand that it is an estimate of the expected costs for your services.

**Patient Name:** \_\_\_\_\_

**Patient Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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#### **Contact Information:**

PT360HEALTH LLC

Phone: 561-376-2001

Email: info@pt360health.com