



Remedy PT Good Faith Estimate

Provider Name: Melanie Connell	License/#: 37253
Provider Address: 1670 Santa Ana Ave. Costa Mesa, CA 92627	
Provider Phone #: (949) 522-7363	
Provider Tax ID# 824866257	Provider NPI # 1124244769

Patient Name:	
Patient DOB:	
Patient Address:	
Patient Phone #: ()	Patient Email:
Patient Diagnosis (if known/applicable):	
Services Requested:	

You are entitled to receive this “Good Faith Estimate” of what the charges could be for physical therapy services provided to you. While it is not possible for a Physical Therapist to know, in advance, how many sessions may be necessary or appropriate for a given person, this form provides an estimate of the cost of services provided. Your total cost of services will depend upon the number of physical therapy sessions you attend, your individual circumstances, and the type and amount of services that are provided to you. This estimate is not a contract and does not obligate you to obtain any services from the provider(s) listed, nor does it include any services rendered to you that are not identified here.

This Good Faith Estimate is not intended to serve as a recommendation for treatment or a prediction that you may need to attend a specified number of physical therapy visits. The number of visits that are appropriate in your case, and the estimated cost for those services, depends on your needs and what you agree to in consultation with your therapist. You are entitled to disagree with any recommendations made to you concerning your treatment and you may discontinue treatment at any time.

Remedy Physical Therapy, Inc. is an out of network provider with all insurances and payment is due at time of service.

The fee for a 60-minute physical therapy visit (in person or via telehealth) is \$___185___. Most clients will attend one therapy visit per week, but the frequency of therapy visits that are appropriate in your

case may be more or less than once per week, depending upon your needs. Based on a fee of \$ 185 per visit, the following are expected charges of physical therapy services:

Number of Weeks	Total estimated charges for 1 session per week
1 Week of Service	\$185
4 Weeks of Service (Approx. 1 Months)	\$740
8 Weeks of Service (Approx. 2 months)	\$1480

You have a right to initiate a dispute resolution process if the actual amount charged to you substantially exceeds the estimated charges stated in your Good Faith Estimate (which means \$400 or more beyond the estimated charges).

You are encouraged to speak with your provider at any time about any questions you may have regarding your treatment plan, or the information provided to you in this Good Faith Estimate.

Date of this Estimate: _____