



## Good Faith Estimate

Client name: \_\_\_\_\_

Client DOB: \_\_\_\_\_

Provider name & title: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Business name: Core Performance LLC

NPI: 1003986233

TIN: 91-2149613

Physical Therapy Service Description & Expected Cost Per Date of Service	Location(s)	Diagnosis & Service Code(s)	Scope
<p><b>Per evaluation visit:</b></p> <ul style="list-style-type: none"> <li>In-person, 38-52 minutes: \$185.00*</li> <li>In-person, 53-67 minutes: \$220.00</li> <li>In-person, 68+ minutes: \$245.00</li> <li>Telehealth, 38-52 minutes: \$160.00</li> </ul> <p><b>Per follow-up visit:</b></p> <ul style="list-style-type: none"> <li>In-person, 28-37 minutes: \$95.00</li> <li>In-person, 38-52 minutes: \$145.00*</li> <li>In-person, 53-67 minutes: \$165.00</li> <li>In-person, 68+ minutes: \$190.00</li> <li>Telehealth, 28-37 minutes: \$85.00</li> <li>Telehealth, 38-52 minutes: \$125.00</li> </ul>	<p><b>CorePhysio Grant:</b></p> <ul style="list-style-type: none"> <li>1825 Grant St Ste 100 Bellingham, WA 98225</li> </ul> <p><b>CorePhysio Fairhaven:</b></p> <ul style="list-style-type: none"> <li>1514 12th St Ste 103 Bellingham, WA 98225</li> </ul> <p><b>CorePhysio Squalicum:</b></p> <ul style="list-style-type: none"> <li>3232 Squalicum Pkwy Bellingham, WA 98225</li> </ul> <p><b>Telehealth</b></p> <ul style="list-style-type: none"> <li>Online in WA State</li> </ul>	<p><b>Diagnosis codes:</b> TBD<sup>°</sup></p> <p><b>Service codes:</b> Per evaluation ● 97161-97163<sup>Δ</sup> Per follow-up ● 97010-97535<sup>Δ</sup></p>	<p>Scope is determined by your clinician based on your unique needs. The average course of care, per case, is 1-2 visits per week for up to 8 weeks.</p>

\*CorePhysio's standard appointment length.

<sup>°</sup> Diagnosis code(s) are typically unavailable until after the initial visit and do not impact cost for private pay clients.

<sup>Δ</sup> Service code(s) are tailored to your needs at the time of service and do not impact cost for private pay clients.

### Disclaimer

This Good Faith Estimate shows the costs of items and services that are reasonably expected for your healthcare per date of service. The estimate is based on information known at the time it was created and does not include any unknown or unexpected costs that may arise during treatment. You could be charged more if complications or special circumstances occur. If this happens, federal law allows you to dispute (appeal) the bill. This Good Faith Estimate is not a contract and does not require you to obtain the items and services from any of the providers or facilities identified on the estimate.

If you are billed \$400 or more than the amounts shown on this Good Faith Estimate, you have the right to dispute the bill and we want to hear from you. You may contact us to let us know the billed charges are \$400 or more than the Good Faith Estimate and ask us to either update the bill to match the Good Faith Estimate, negotiate the bill, or inquire about monthly payment options.

You may also start a dispute resolution process with the U.S. Department of Health and Human Services (HHS). If you choose to use the dispute resolution process, you must start the dispute process within 120 calendar days (about 4 months) of the date on your original bill. There is a \$25 fee to use the dispute process. If the agency reviewing your dispute agrees with you, you will pay the price on this Good Faith Estimate. If the agency disagrees with you and agrees with the amount you were originally billed, you will have to pay the higher amount. For questions or more information about your right to a Good Faith Estimate or the dispute process, visit [www.cms.gov/nosurprises/consumers](http://www.cms.gov/nosurprises/consumers) or call 1-800-985-3059.

**We suggest you keep a copy of this Good Faith Estimate in a safe place or take pictures of it, as you may need it if you are billed \$400 or more than the amounts shown per date of service.**