Bergkamp Chiropractic LLC

Dr Jill Bergkamp-Engle Individual NPI: 1669478509 Group NPI: 1982701637/TIN: 80-0034091 11330 E Central Ave Ste 500 Wichita KS 67206 (316) 682-6161

Good Faith Estimate

| Dationt Name | Date |
|---------------|-----------|
| Patient Name: | of Birth: |

| | | | | - | |
|---|-------------------------|---------------------|-----------------------------------|----------|------------------|
| Estimated Services and Items | | Date of Appointment | | | |
| Description (clear language) | Diagn Code (ICD-1 | osis .0 Code) | Service Code (CPT, HCPCS, DRG) | Quantity | Expected Cost |
| New Patient Exam | | | 99202 | 1 | 125.00 |
| Spinal CMT adjustment | | | 98940 | 1 | 45.00 |
| ChUSA enrollment | | | | 1 | 49.00 |
| P - Primary Service (initial reason for visit) C – Co-provider services R - Reoccurring Services or item (valid for up months from date on this form) | to 12 | | otal Expected Char | <u> </u> | 219.00 |

Disclaimers:

There may be additional items or services that we recommend as part of the course of care that must be scheduled or requested separately and are not reflected in this good faith estimate.

The information provided in this good faith estimate is only an estimate of items or services reasonably expected to be furnished at the time this good faith estimate was and actual items, services, or charges may differ from the good faith estimate.

You have the right to initiate the patient-provider dispute resolution process if the actual billed charges are \$400 more than the expected charges included in the good faith estimate and the dispute is initiated within 120 days after the date of the bill for the items or services. To start the process, you may contact us at the phone number or address listed above to let us know the billed charges are higher than the Good Faith Estimate. You can ask us to update the bill to match the Good Faith Estimate, ask to negotiate the bill, or ask if there is financial assistance available. You may also start a dispute resolution process with the U.S. Department of Health and Human Services within 120 calendar days (about 4 months) of the date on the original bill and if the agency disagrees with you, you will have to pay the higher amount. To learn more and get a form to start the process, go to www.cms.gov/nosurprises.

This good faith estimate is not a contract and does not require you to obtain the items or services from any of the providers or facilities identified in the good faith estimate.