BREKKE REHAB

Individualized Good Faith Estimate of Expected Charges

Patient name:

Date of birth:

Estimate prepared on:

Expected first service date:

Estimated course-of-care period:

Provider: Brekke Rehab

Practice contact information: Phone: 515-329-4751, Address: 1605 N Ankeny Blvd Ste 130 Ankeny IA 50023.

Expected services and charges

Service	Expected quantity	Fee per service	Expected total
Initial physical therapy evaluation	____	$215	$215
Follow-up physical therapy visits	____	$175	$____
Prepaid package, if selected	____	$____	$____
Wellness or other services	____	$____	$____
Other expected charges	____	$____	$____
Estimated total			**$____**

Adjustments or discounts included:

Expected amount due at each visit or purchase:

Services not included in this estimate:

Additional information

This estimate reflects the services and expected frequency reasonably anticipated at the time it was prepared. It is not a bill, a guarantee of clinical outcomes, or a requirement to purchase a package or complete the entire course of care.

If additional services become appropriate, their expected charges will be discussed with you and a revised estimate will be provided when required.

This estimate covers only the services and charges identified for Brekke Rehab. It does not include charges from other providers unless expressly listed.

Patient-provider dispute resolution

If you are uninsured or choose not to use insurance and your bill from this provider is at least $400 more than this provider's Good Faith Estimate, you may be eligible to use the federal patient-provider dispute-resolution process. Other eligibility requirements and deadlines apply.

For details, visit https://www.cms.gov/nosurprises or call 1-800-985-3059.

Prepared by:

Date provided to patient:

Client Signature:

Provider Signature: