

Detailed Estimate

Provider/Facility Name: FYZICALTherapy & Balance Center		Provider/Facility Type: PT
Street Address: 430 W. Cherry St.		
City: Jesup	State: GA	ZIP Code: 31545
Contact Person: Amber Myers	Phone: 912-256-5610	Email: jesup@fyzical.com
National Provider Identifier: 1306331756	Taxpayer Identification Number: 82-5377148	

Details of Services and Items

Service/Item	Address where service/item will be provided	Diagnosis Code	Service Code	Quantity	Expected Cost
	[Street, City, State, ZIP]	[ICD code]	[Service Code Type: Service Code Number]		

Total Expected Charges \$

Additional Health Care Provider/Facility Notes
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Provider/Facility Name	Provider/Facility Type	
Street Address		
City	State	ZIP Code
Contact Person	Phone	Email
National Provider Identifier	Taxpayer Identification Number	

Disclaimer

This Good Faith Estimate shows the costs of items and services that are reasonably expected for your health care needs for an item or service. The estimate is based on information known at the time the estimate was created.

The Good Faith Estimate 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.

If you are billed for more than this Good Faith Estimate, you have the right to dispute the bill.

You may contact the health care provider or facility listed to let them know the billed charges are higher than the Good Faith Estimate. You can ask them 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 (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 the original bill.

There is a \$25 fee to use the dispute process. If the agency reviewing your dispute agrees with you, you will have to pay the price on this Good Faith Estimate. If the agency disagrees with you and agrees with the health care provider or facility, 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 or call [1-800-985-3059](tel:1-800-985-3059).

For questions or more information about your right to a Good Faith Estimate or the dispute process, visit www.cms.gov/nosurprises or call [1-800-985-3059](tel:1-800-985-3059).

Keep a copy of this Good Faith Estimate in a safe place or take pictures of it. You may need it if you are billed a higher amount