

# GOOD FAITH ESTIMATE

**Address:** Los Angeles County, California  
**Email:** info.southbaypt@gmail.com  
**Service Location:** In-home (patient/client residence or office)  
**State(s) of Practice:** California

## Insurance

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This Good Faith Estimate is being provided because the patient/client is informed that they are being seen on a self-pay basis and will not be billed through their insurance.

## Itemized Estimate of Expected Charges

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*Below are the items and services reasonably expected to be furnished by this provider during the period of care.*

| Item / Service                            | Expected Charge/Session |
|-------------------------------------------|-------------------------|
| PT Evaluation or Wellness (initial)       | \$250                   |
| PT or Wellness follow-up visits (in-home) | \$200                   |

## Important Notices and Your Rights

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**This is only an estimate.** Items or services that are not reasonably expected and not listed above are not included in this estimate. This estimate does not include any charges from co-providers or co-facilities outside of this practice.

**This Good Faith Estimate is not a contract.** It does not require you to obtain the items or services described from this provider.

**Your right to dispute the bill.** If you are billed \$400 or more above this Good Faith Estimate for any single provider or facility, you have the right to initiate a Patient-Provider Dispute Resolution (PPDR) process with the U.S. Department of Health and Human Services. You must start the dispute within 120 calendar days of receiving the original bill. Initiating a dispute will not affect the quality of care you receive from this provider.

**For information about how to start a dispute:** Visit [www.cms.gov/nosurprises](http://www.cms.gov/nosurprises) or call **1-800-985-3059**.

**Save this document.** Keep a copy or photo of this Good Faith Estimate for your records. You will need it if you choose to dispute a bill.