



Good Faith Estimate for Health Care Services

Patient Information:

Last Name: _____ First Name: _____ MI: _____ DOB: _____
Phone: _____ Home Address (Street City State Zip): _____
Email: _____

Patient Diagnosis:

Primary Service Requested: PHYSICAL THERAPY/OCCUPATIONAL THERAPY

Primary Diagnosis: _____ Primary Diagnosis Code: _____

Secondary Diagnosis: _____ Secondary Diagnosis Code: _____

Good Faith Estimate:

Date(s) Primary Service will be provided: _____

Date of Good Faith Estimate: _____

Provider Name: SYNAPSE NEUROREHAB AND WELLNESS

Estimated Total Cost: PT/OT EVALUATION - \$240.00; PT/OT TREATMENT - \$180.00

Provider/Facility Information:

Provider/Facility Name: SYNAPSE NEUROREHAB AND WELLNESS Provider/Facility Type: OUTPATIENT PHYSICAL THERAPY CLINIC

Contact Person: BRITTNEY HOOKER Street Address: 6667 VERNON WOODS DR STE A14, SANDY SPRINGS, GA 30328

Phone: (404) 425-9494 Email address: INFO@SYNAPSEREHAB.COM

Details of Services for Provider/Facility:

Service	Address where service provided	Diagnosis Code	Service Code	Quantity	Expected Cost
Physical Therapy Evaluation	6667 Vernon Woods Dr Ste A14, Sandy Springs, GA 30328		97161, 97162, 97163	60 minutes	\$240 per evaluation
Physical Therapy Treatment	6667 Vernon Woods Dr Ste A14, Sandy Springs, GA 30328		97110, 97112, 97116, 97140, 97530	60 minutes	\$180.00

**If late, will be subject to full session fee (180.00/visit).*