

# Surprise Billing Protection Form

The purpose of this document is to let you know about your protections from unexpected medical bills. It also asks whether you would like to give up those protections and pay more for out-of-network care.

**IMPORTANT: You aren't required to sign this form and shouldn't sign it if you didn't have a choice of health care provider when you received care. You can choose to get care from a provider or facility in your health plan's network, which may cost you less. If you'd like assistance with this document, ask your provider or a patient advocate. Take a picture and/or keep a copy of this form for your records.**

**You're getting this notice because this provider or facility isn't in your health plan's network. This means the provider or facility doesn't have an agreement with your plan.**

## Getting care from this provider or facility could cost you more.

If your plan covers the item or service you're getting, federal law protects you from higher bills:

- When you get emergency care from out-of-network providers and facilities, or
- When an out-of-network provider treats you at an in-network hospital or ambulatory surgical center without your knowledge or consent.

Ask your health care provider or patient advocate if you need help knowing if these protections apply to you.

If you sign this form, you may pay more because:

- You are giving up your protections under the law.
- You may owe the full costs billed for items and services received.
- Your health plan might not count any of the amount you pay towards your deductible and out-of-pocket limit. Contact your health plan for more information.

You shouldn't sign this form if you didn't have a choice of providers when receiving care. For example, if a doctor was assigned to you with no opportunity to make a change.

Before deciding whether to sign this form, you can contact your health plan to find an in-network provider or facility. If there isn't one, your health plan might work out an agreement with this provider or facility, or another one.

## Estimate of what you could pay

Facility & Provider: Back in Step Physical Therapy, P.C. (TIN: 46-4676334)  
Alyssa Arms, PT, DPT, OCS (CO License Number: 10884, NPI: 1538608351)

- **Review the pricing structure below.**
- **Call your health plan.** You plan may have better information about how much you will be asked to pay. You can also ask about what's covered under your plan and your provider options.
- **Questions about this notice and estimate?** Call 303-960-2075.
- **Questions about your rights?** Contact <http://www.cms.gov/nosurprises>.

## Prior authorization or other care management limitations

*Applies only if you plan to submit paperwork to your insurance for possible reimbursement, as all services at Back in Step PT are self-pay.*

Except in an emergency, your health plan may require prior authorization (or other limitations) for certain items and services. This means you may need your plan's approval that it will cover an item or service before you get them. If prior authorization is required, ask your health plan about what information is necessary to get coverage.

## Understanding your options

You can also get the items or services described from providers who are in-network with your health plan.

The amount below is only an estimate; it isn't an offer or contract for services. This estimate shows the full estimated costs of the items or services listed. It doesn't include any information about what your health plan may cover. This means that **the final cost of services may be different than this estimate.**

**Contact your health plan to find out how much, if any, your plan will pay and how much you may have to pay.**

Overview:

60-Minute Physical Therapy Fees & Packages:

One (1) session	\$147
Three (3) sessions	\$396
Five (5) sessions	\$610
Ten (10) sessions	\$1120

30-Minute Physical Therapy Fees & Packages:

*(Available to established post-op patients for manual therapy only)*

One (1) session	\$78
Six (6) sessions	\$420
Ten (10) sessions	\$650

Typical service codes:

PT initial evaluation	97161 – 97163
PT re-evaluation	97164
Therapeutic exercise	97110
Manual therapy	97140
Neuromuscular re-education	97112
Therapeutic activity	97530
Self-care/Home management training	97535
Dry needling	20560 – 20561
Gait training	97116

Additional (optional) services/items recommended could include exercise or self-care items for home use, including cold packs, exercise balls, foam rollers, kinesiology tape, resistance bands, pulleys, putty, massage balls & implements, stretch straps, prefabricated orthotics, or others. All such equipment is available through our office or can be purchased from other sources. All pricing is available upon request.

*Learn more on our website at [BackinStepPT.com/Good-Faith-Estimate](http://BackinStepPT.com/Good-Faith-Estimate).*