

Active Life Chiropractic Clinic

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GOOD FAITH ESTIMATE 2026

| | |
|---------------------|----------------------|
| Patient Name: _____ | Date of Birth: _____ |
|---------------------|----------------------|

| Estimated Services and Items | | Date of Appointment: | | |
|---------------------------------|--|----------------------|--|-------------------------|
| Description | Service Code | Quantity | Billed Rate | |
| New Patient Exam | All new patients | 99202 | 1 of these codes with or without an adjustment | \$135 |
| | Returning patients after 3 years | 99203 | | \$165 |
| | | 99204 | | \$260 |
| | | 99205 | | \$310 |
| Established Patient Exam | Significant new injuries | 99212 | 1 of these codes with or without an adjustment | \$95 |
| | Longer than 6 months without care | 99213 | | \$110 |
| | Re-evaluations | 99214 | | \$160 |
| | | 99215 | | \$210 |
| Manual Therapy | Therapeutic muscle work completed by Chiropractor or LMT | 97140 | 1-4 units | \$35 per 15 minute unit |
| Adjustments | 1-2 areas | 98940 | | \$60 |
| | 3-4 areas | 98941 | | \$65 |
| | 5 areas | 98942 | | \$75 |
| | extraspinal | 98943 | | \$50 |
| Massage Therapy | Therapeutic massage by LMT | 97140 | 1-4 Units | \$35 per 15 minute unit |
| | Relaxation massage | 97124 | 1-6 units | \$25 per 15 minute unit |

Disclaimer

There may be additional items or services that we recommend as part of your care that are **not included** in this Good Faith Estimate. These services may need to be scheduled or requested separately, and the actual items, services, or charges may differ from what is listed here.

You have the right to start the **Patient-Provider Dispute Resolution Process** if your final billed charges are **\$400 or more** above the expected charges in this Good Faith Estimate. You must begin the dispute process within 120 days of receiving the bill.

To start, you can contact us using the phone number or address listed above to let us know that the billed charges are higher than the estimate.

You may ask us to:

- Update the bill to match the Good Faith Estimate
- Negotiate the bill
- or Discuss whether financial assistance is available.

You also have the option to open a dispute with the **U.S. Department of Health and Human Services** within 120 calendar days of the date on your original bill. If the agency decides the billed amount is correct, you may be required to pay the higher amount.

To learn more or to get the form to start the process, visit: www.cms.gov/nosurprises

This Good Faith Estimate is **not a contract**.

You are not required to obtain any of the items or services listed in this estimate from our practice or any provider listed.