

Active Life Chiropractic Clinic

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GOOD FAITH ESTIMATE 2026

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