



*Your Home, Your Lifestyle, Your Future*

**Good Faith Estimate**

**Just Right at Home, PLLC**

**1N102 Pleasant Hill Rd Winfield, IL 60190**

**Phone: 630-454-1445 NPI #: 1538970621 Tax ID#: 84-4439526**

**Private Pay Program Options**

Client Name:	Patient DOB:	State of Service Provided:	
Date Service Requested/Referral Received:	Diagnosis Code:	Date of Estimate:	Expected Start Date:

**Initial Good Faith Estimate Insurance**

Primary Insurance: Secondary Insurance:	Deductible Remaining:	CoInsurance:	Copay:
Initial OT Evaluation/Treatment Estimated Cost:			

**Initial Good Faith Estimate Private Pay/UnInsured**

Service/Item	Location	Service Code		Cost	Est. Cost
Initial OT Session Estimated Cost (OT Evaluation/2 Units of Tx) *Cost varies depending on Tx. Units	Home	97165 97166 97167	97530 97535 97112 97110	\$400	
Initial OT Evaluation 1 Hour (Prompt Pay Rate if paid on date of service) Evaluation + 2 units treatment	Home	2425		\$250	
Home Safety Evaluation (not covered by insurance-**See below) 1.5 hour evaluation onsite/written report	Home	2525		\$400	
Follow Up, billed per hour	Home/virtual	2625		\$150	
Estimated Total Cost					

\*The estimated costs are valid for 12 months from the date of the Good Faith Estimate

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Just Right at Home Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*Home Assessment with Written Report (up to 2 hours in the home): \$400**

Aging in place, living with chronic conditions, preparing for discharge from facility to home, preparing for surgery, actively receiving home health services are non covered services by insurance.

Note: Just Right at Home, PLLC will bill insurance for clients who demonstrate medical necessity and are covered by Medicare or BCBS for an OT evaluation and treatment, which requires an OT referral and plan of care signed by their primary care physician. Additional non-billable services that occur during a home evaluation such as design, equipment research, consultation with other professionals as well as time spent producing a written report of recommendations will be billed at the hourly rate.

Travel Time: For private pay clients more than 15 minutes from the office in Winfield, IL, a \$50/hr travel fee will be included in the invoice.

Private Pay Follow up:

When working on behalf of the client, Just Right at Home, PLLC will bill the client at the rate of \$150/hr in 15 minute increments. These services include but are not limited to: Review of written recommendations, caregiver/client training sessions, consultation with contractors/DME providers/other medical providers, private pay visits, and other non medically necessary services.

Disclaimer: This Good Faith Estimate shows the costs of items and services that are reasonably expected for your health care needs for an item or service. The estimate is based on information known at the time the estimate was created. The initial estimate is based on 1 evaluation unit and two treatment units. You will be charged more if initial treatment lasts beyond one hour.

The Good Faith Estimate does not include any unknown or unexpected costs that may arise during treatment. You could be charged more if complications or special circumstances occur and if initial treatment lasts beyond one hour. If this happens, federal law allows you to dispute (appeal) the bill.

If you are billed for more than this Good Faith Estimate, you have the right to dispute the bill. You may contact the health care provider or facility listed to let them know the billed charges are higher than the Good Faith Estimate. You can ask them to update the bill to match the Good Faith Estimate, ask to negotiate the bill, or ask if there is financial assistance available.

You may also start a dispute resolution process with the U.S. Department of Health and Human Services (HHS). If you choose to use the dispute resolution process, you must start the dispute process within 120 calendar days (about 4 months) of the date on the original bill. There is a \$25 fee to use the dispute process. If the agency reviewing your dispute agrees with you, you will have to pay the price on this Good Faith Estimate. If the agency disagrees with you and agrees with the health care provider or facility, you will have to pay the higher amount.

To learn more and get a form to start the process, go to [www.cms.gov/nosurprises](http://www.cms.gov/nosurprises) or call 800-985-3059. For questions or more information about your right to a Good Faith Estimate or the dispute process, visit [www.cms.gov/nosurprises](http://www.cms.gov/nosurprises) or call 800-985-3059.

Keep a copy of this Good Faith Estimate in a safe place or take pictures of it. You may need it if you are billed a higher amount.

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Just Right at Home Signature: \_\_\_\_\_

Date: \_\_\_\_\_