



Speech and Language Therapy Occupational Therapy

Tax ID#: 72-1566721 NPI#: 1679797450
1327 Kalakaket St Fairbanks, AK 99709
Phone 907-452-4517 Fax 907-452-4263

Good Faith Estimate for Speech-Language Pathology and Occupational Therapy Services

Welcome and thank you for choosing Talkabout Inc. for your Speech-Language Pathology and Occupational Therapy needs. As a self-pay client, or if you are insured, but Talkabout Inc. is not network-enrolled with your insurance company, you are entitled to a Good Faith Estimate (GFE) which outlines the potential costs associated with your evaluation and treatment in our office. This GFE lists services that will be furnished at Talkabout Inc. and applies to all providers in this practice.

The GFE below is based on a suggested Plan of Care (POC) for your child. This POC may change during our time together and you are entitled to an updated GFE at any time. The information provided in this and any subsequent estimate, is only an estimate and actual items, services, and charges may be different. At any point during treatment, you have the right to engage in dispute resolution if the actual costs of services significantly exceed those listed below.

This estimate is not a contract and does not obligate you to continue treatment or obtain any of the listed services from Talkabout Inc.

PATIENT:	DOB:
DESCRIPTION OF SERVICE(S) TO BE PROVIDED:	
PRIMARY DIAGNOSIS:	ICD-10 CODE:
SECONDARY DIAGNOSIS (if applicable):	ICD-10 CODE:

CPT® CODES FOR EXPECTED SERVICES *(Note: Not every code will be charged at every visit)*

CODE	DESCRIPTION	COST (\$)
92523	Comprehensive speech and language evaluation	\$424.00
92507	Speech and language treatment	\$150.00
97165, 97166 & 97167	Occupational Therapy Evaluations, (varying levels of complexity)	\$155.00
97530	Occupational Therapy treatment (typically 4 units per session)	\$71.75/unit (\$287.00 per hour)

Based on your child's Plan of Care, your child will need 2-3 therapy visits per week, in addition to any necessary evaluation(s) or re-evaluation(s). If you have insurance coverage but Talkabout Inc. is not network-enrolled with them, please note the charges shown below do not account for any benefit that your insurance company may provide.

CODE DESCRIPTION	FREQUENCY	COST (\$)
92523 SP Evaluation	1x every 2 years	\$424.00
92507 SP Therapy	2-3x per week	Monthly: \$1,200 - \$1,800
	(\$150 per session)	6 months: \$7,200 - \$10,800
97165-97167 OT Eval	1x every 2 years	\$155.00
97530 OT Therapy	2-3x per week	Monthly: \$2,296 - \$3,444
	(\$287 per session)	6 months: \$13,776 - \$20,664

By signing this document, you acknowledge that you have received and understand your financial responsibilities to this practice if you choose to receive services. We recommend that you check with your insurance provider for rates and coverage of services.

DISCLAIMER:

If you are billed for more than this GFE, you have the right to dispute the bill under the Patient-Provider-Dispute Resolution Process (PPDR). There is a \$25 fee to use the process and it must be started within 120 days of the date on the original bill. To learn more and get a form to start the process, go to www.cms.gov/nosurprises/consumers or call 1-800-985-3059.

Please note that initiation of the PPDR process will not adversely affect the quality of services furnished by Talkabout Inc.

Patient Signature

Date