



Right Step Therapy, LLC

Good Faith Estimate for Health Care Items and Services

The following is a detailed list of expected charges for PT and/or OT services provided by Right Step Therapy, LLC. The estimated costs are valid for 12 months from the date of the Good Faith Estimate.

Patient		
First Name	Middle Initial	Last Name
Date of Birth	Patient Identification Number	
Patient Contact Information		
Street Address		
City	State	Zip
Phone(s)		
Email address		
Preferred Method of Contact		
<input type="checkbox"/> Email		
<input type="checkbox"/> Mail		
Diagnosis and CPT Code(s)		
Primary		
Secondary		
Scheduled Services and Start Date		
<input type="checkbox"/> Physical Therapy	Start Date	Date of Good Faith Estimate
<input type="checkbox"/> Occupational Therapy	Start Date	Date of Good Faith Estimate
Good Faith Estimate		
Provider Name	Estimated Cost per Visit	Projected # of Visits
Provider Name	Estimated Cost per Visit	Projected # of Visits