



Well Spine Family Chiropractic
Dr. Amber Thompson, DC, CACCP & Dr. Danielle Engle, DC
3223 Arapahoe Ave. Ste 123, Boulder, CO 80303

Good Faith Estimate for Health Care Items and Services

Patient Information		
Patient First Name	Middle Name	Last Name
[Redacted]		
Patient Date of Birth: [Redacted] / [Redacted] / [Redacted]		
Patient Mailing Address, Phone Number, and Email Address		
Street		
City	State	Zip Code
Phone (Indicate type: Mobile, Home, Office)		
Email Address	Contact Preference [] Mail [] Email	

Patient Diagnosis	
Primary Service or Item Requested:	
Patient Primary Diagnosis	Primary Diagnosis Code
Patient Secondary Diagnosis	Secondary Diagnosis Code

If scheduled, list the date(s) the Primary Service or Item will be provided:

Check this box if this service or item is not yet scheduled

Date of Good Faith Estimate: _____/_____/_____

Name of Doctor Providing Care

Estimated Total Cost: \$3,140

Dr. Amber Thompson, DC, CACCP

Dr. Dani Engle, MS, DC

Total Estimated Cost: \$ 3,140

The following is a detailed list of expected charges for (List primary services or item), scheduled for (list date of service, if scheduled), (include if items or services are reoccurring, - "The estimated costs are valid for 12 months from the date of the Good Faith Estimate.")

Provider/Facility Estimate

Provider: Drs. Amber Thompson, DC & Dani Engle, DC *Well Spine Family Chiropractic, LLC*

Address: 3223 Arapahoe Ave, Suite 123, Boulder, CO 80303

Office Phone: 720-403-8255 Office Email: info@wellspinefamilychiropractic.com

Individual National Provider Number:

Group National Provider Number: 1508110826

Tax Identification Number: 46-1167651

The Following represent the details of services and items to be rendered by the provider at the facility named above:

Service/Item	Address where service/item provided	Diagnosis code(s)	Service Code(s)	Quantity	Expected Cost
	3223 Arapahoe Ave Suite 123 Boulder, CO 80303				
	3223 Arapahoe Ave Suite 123 Boulder, CO 80303				
	3223 Arapahoe Ave Suite 123 Boulder, CO 80303				

Total Expected Charges from Stated Provider/Facility: \$

Additional Provider Notes:

I acknowledge that I have received and understand this Good Faith Estimate for my care at this time. If I have any further questions or concerns, I agree to contact the Provider/Facility at:

Well Spine Family Chiropractic

Dr. Amber Thompson, DC, CACCP & Dr. Danielle Engle, DC (circle one)

3223 Arapahoe Ave, Suite 123, Boulder, CO 80303
720.403.8255 | info@wellspinefamilychiropractic.com

Patient/Legal Representative Signature

Date Signed

Doctor/Facility Representative Signature

Date Signed



Well Spine Family Chiropractic
Dr. Amber Thompson, DC, CACCP & Dr. Danielle Engle, DC
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Right to Receive a Good Faith Estimate of Expected Charges

You have the right to receive a “Good Faith Estimate” explaining how much your medical care will cost under the No Surprises Act as of January 01, 2022

Under the new law, health care providers need to give patients who don’t have insurance or who are not using insurance an estimate of the bill for medical items and services.

You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency items or services. This includes related costs like medical tests, prescription drugs, equipment, and hospital fees.

Make sure your health care provider gives you a Good Faith Estimate in writing at least 1 business day before your medical service or item. You can also ask your health care provider, and any other provider you choose, for a Good Faith Estimate before you schedule an item or service.

If you receive a bill that is at least \$400 more than your Good Faith Estimate, you can dispute the bill.

Make sure to save a copy or picture of your Good Faith Estimate.

For questions or more information about your right to a Good Faith Estimate, visit www.cms.gov/nosurprises

I acknowledge that I have received this notice and understand my rights as stated above:

Patient/Legal Representative Signature

Date Signed

Doctor/Office Representative Signature

Date Signed