

Good Faith Estimate for Health Care Items and Services

Patient First & Last Name

Patient Date of Birth

Provider/Facility Name - Patricia Soza LAc

Provider NPI

Provider Tax ID

Details of Services and Items for Estimate:

Type of Service	Address where service provided	Diagnosis Code	Quantity	Expected Cost
Eastern Integrative Consultation -55 minutes	6233 Soquel Drive, Suite D Aptos, CA		1	\$120.00
Eastern Integrative Initial Treatment -55 minutes	6233 Soquel Drive, Suite D Aptos, CA		1	\$90.00
2 Treatments Prepaid for Eastern Integrative Medicine Treatment	6233 Soquel Drive, Suite D Aptos, CA		1	\$176.00
4 Treatment Prepaid for Eastern Integrative Medicine Treatment	6233 Soquel Drive, Suite D Aptos, CA		1	\$344
6 Treatments Prepaid for Eastern Integrative Medicine Treatment	6233 Soquel Drive, Suite D Aptos, CA		1	\$504
Non-Needle Treatment (cupping, RRT, ear seeds and infrared light) -25 minutes	6233 Soquel Drive, Suite D Aptos, CA		1	\$45.00
Facial Rejuvenation Consult -90 minutes	6233 Soquel Drive, Suite D Aptos, CA		1	\$150.00
Facial Rejuvenation Treatment -75 minutes	6233 Soquel Drive, Suite D Aptos, CA		1	\$130.00
Mini Facial Rejuvenation Treatment -25 minutes	6233 Soquel Drive, Suite D Aptos, CA		1	\$50.00

Total Estimated Cost is congruent with type of treatment provided. By signing below, I understand that the above costs will not be provided by insurance and that I, the patient am responsible for the payment above should I use any of the above services.

Signature

Date of Good Faith Estimate