

**Lauderdale Wellness Center's**  
**Good Faith Letter to Clients**

Lauderdale Wellness Center would like to provide a good faith estimate of the payment we have agreed to accept from the patient's health insurer contract network. We have gathered a list of services specified by your request, together with information regarding other fees or charges you may be required to pay (deductibles and co-pays), including but not limited to any applicable facility fees. This way you can see before you incur any expense what your insurer will be paying and what we will be expecting you to pay.

A written request must be made by you in order to receive this information. We will provide this information within ten business days from receipt of a completed request. The request must include the exact services for which you would like the estimate, for example initial exam, manipulation, electric stim. We will confirm coverage information with your insurer and provide a rough estimate how much Lauderdale Wellness Center will be paid by the insurer and how much you will have to pay in deductibles and copays.

This is not an exact amount that the insurer will pay or that you will owe. Final amounts paid and due will be figured by your insurer when they receive and process the claims. Lauderdale Wellness Center is not legally bound by the amounts of the estimate. Final determination of the amounts payable by both the insurer and patient after providing a good faith estimate can be more or less than the estimate.

Best regards,

Lauderdale Wellness Center

**Lauderdale Wellness Center  
2443 Larpenteur Ave. W.  
Lauderdale, MN 55113  
651 917-9800**

Request for Good Faith Cost Estimates at LWC

To request a Good Faith Cost Estimate for Chiropractic services at Lauderdale Wellness Center, please complete this form and fax to 651 917-9801 or email to Dana@lwc.me.

Patient First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Patient Date of Birth: \_\_\_\_\_ Phone : \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Specific Procedure or CPT codes \_\_\_\_\_

Requests for fee schedules are generally responded to within 5 business days but no longer than 10 business days from receipt of request.

The fee schedule that will be provided is a list of our top procedures and pricings. This is no way to be considered an exact or final price for services provided by Lauderdale Wellness Center.

**By signing this form, I understand:**

- The fee schedule is based on the insurance and clinical information available at the time of my request.
- This fee schedule does not mean that my insurance company agrees to pay for my care at Lauderdale Wellness Center.
- I may have to pay for other services resulting from my visit, but are not included in this fee schedule.
- You must contact your insurance company for a cost estimate that reflects your level of benefits, deductibles and coinsurance.

\_\_\_\_\_  
Print Patient Name (First, Last)

\_\_\_\_\_  
Patient/Guardian Signature

\_\_\_\_\_  
Date (MM/DD/YYYY)

**FOR INTERNAL USE ONLY:**

DATE RECEIVED: \_\_\_\_\_ STAFF RESPONDED: \_\_\_\_\_

DATE RESPONDED: \_\_\_\_\_ RESPONDED VIA: MAIL \_\_\_ PHONE \_\_\_ HANDOUT \_\_\_