



March 3, 2025

Good Faith Estimate

This Good Faith Estimate is intended to provide you with an estimate of the charges you'll incur at Bruening Total Wellness Center. Uninsured and self-pay clients are entitled to Good Faith Estimates as of January 1st, 2022 under the No Surprises Act.

Providers involved in your care

☐ Primary: Brandon Bruening, D.C. NPI 1588060115

Your treatment will include an initial evaluation and a combination of treatments that may include spinal manipulation, total body modification, allergy treatment (NAET), or NET. If you have any questions about your upcoming appointment, please don't hesitate to reach out before your visit.

The total cost of your care will include the initial visit, plus any follow-up visits, and will be paid as you go. Your first session will be an evaluation, which costs \$90-255, and follow-up visits are \$52-\$105 each (treatments can consist of spinal manipulation, TBM, NAET, NET) The number of visits will vary based on your particular symptoms and goals, which we will discuss during your evaluation.

Clinic Treatment Codes / Units

Initial Evaluation (99202, 99203, 99204, 99205): \$92-\$257

Spinal Manipulation (98940, 98941, 98942): \$52-\$72

Extraspinal Manipulation (98943): \$47

Myofascial Release (97140) \$52

Microcurrent (97032) \$47-92

TBM, NAET, NET (NCS): \$52-142

Initial Appointment (Evaluation and treatment): \$152-162

Subsequent Appointments (as needed) \$52-\$102

This Good Faith Estimate shows the costs of items and services that are reasonably expected based on your health care needs. The estimate is based on information known at the time the estimate was created. It does not include any unknown or unexpected costs that may arise during treatment. You could be charged more if complications or special circumstances occur. If this happens, federal law allows you to dispute (appeal) the bill.

This Good Faith Estimate is not a contract and does not require you to obtain the services or items from the providers or facility identified in it. You have the right to request another Good Faith Estimate at any time during your course of care.

If the actual billed service charges exceed this estimate by \$400 or more, then you (the patient) have the right to dispute the bill via the patient-provider dispute resolution process with the U.S. Department of Health and Human Services (HHS).

Our office would be glad to address any concerns regarding billing. Please contact our office at 217-223-6170 for assistance.

If you choose to use the dispute resolution process, you must start the dispute process within 120 calendar days (about 4 months) of the date on the original bill.

There is a \$25 fee to use the dispute process. If the agency reviewing your dispute agrees with you, you will have to pay the price on this Good Faith Estimate. If the agency disagrees with you and agrees with the health care provider or facility, you will have to pay the higher amount.

For questions or more information about your right to a Good Faith Estimate, visit www.cms.gov/nosurprises or call the No Surprises Help Desk at 1-800-985-3059

Signature not provided