



## Good Faith Estimate of Expected Charges

10240 SW Nimbus Ave Ste L1  
Portland OR 97106  
(866) 557-3478  
[info@priorityfootwear.com](mailto:info@priorityfootwear.com)

This document provides a Good Faith Estimate of expected charges for patients who are uninsured or who choose to self pay. This is an estimate only, and actual charges may change if your care needs change. Please keep a copy of this estimate for your records.

### Patient information

Patient name	
Date of birth	
Address	
Phone	
Email	

### Provider and facility information

Provider or facility	Priority Footwear
Address	10240 SW Nimbus Ave Ste L1, Portland OR 97106
Phone	(866) 557-3478
Email	<a href="mailto:info@priorityfootwear.com">info@priorityfootwear.com</a>
Location of service if different	

### Services included in this estimate

Expected date or date range of service	
Description of primary service	
Reason for visit or condition as described by patient	



## Itemized estimate of expected charges

Item or service	Code if applicable	Qty	Expected charge

## Totals and notes

Total expected charges	
Notes or assumptions	

## Your rights and important information

If you receive a bill that is at least four hundred dollars higher than this Good Faith Estimate, you may have the right to dispute the bill through the patient provider dispute resolution process. This process is administered by the US Department of Health and Human Services. For more information, visit [www.cms.gov/nosurprises](http://www.cms.gov/nosurprises) or call 1 800 985 3059.

## Acknowledgement

Patient or representative name	
Date	
Preferred delivery method (email or paper)	
Staff name	
Date	