## PACIFIC CENTER PLASTIC SURGERY GOOD FAITH ESTIMATE (GFE)

The NO SURPRISES ACT (NSA) was passed by the federal government in January 2022. In compliance with the NSA and California statutes, we will provide you with a good faith estimate (GFE) at your initial consult. This is the doctor's best estimate of time and costs based on experience with similar procedures. Additional costs are noted in the *Scheduling Fee Policy* document. The GFE is not a contract and doesn't obligate the patient to obtain the services from this provider or Cooperating facilities. If you elect to have your services by our providers, you will need to sign the Scheduling Fee Agreement prior to your treatment/surgery.

## **Please Note:**

- 1. Review the "Scheduling Fee Policy/Agreement" document. You will need to sign the Scheduling Fee Agreement prior to your treatment/surgery.
- 2. *Surgeon Fee*: The surgical fee is paid directly to Pacific Center for Plastic Surgery. This includes all of your pre and post care and administrative fees.
- 3. Facility/anesthesia fee: depending upon the location of your surgery, you may be asked to pay the facility directly or we may collect the fees on your behalf.
- 4. *Additional fees*: These are noted in the fee policy and include items such as lab tests, garments, medications, etc.
- 5. All fees quoted are based on CASH DISCOUNT PRICING (cash, cashier's check, debit card)
- 6. **Credit cards** require a **3.5%** processing fee. **Financing fees** will depend upon the financing plan used.
- 7. Pacific Center for Plastic Surgery does not accept insurance as payment. We will provide the necessary information for you to submit your own claim except for Cosmetic Surgery.
  - a. In case of a discrepancy, disputes may be addressed first to your consultant and doctor. Further concerns may be addressed to:
    - i. ASPS
    - ii. https://www.nsa-idr.cms.gov
    - iii. www.cms.gov/nosurprises or call 800-985-3059
  - b. For discrepancy disputes:
    - i. The process must be initiated within 120 calendar days of the patient receiving the bill.
    - ii. The bill is more than the good faith estimate by at least \$400 for any provider or facility listed.