



**RIGHT TO RECEIVE “GOOD FAITH ESTIMATE”**  
(No Insurance or Self-Pay Patient)

Your physician recommends a non-emergency surgical procedure to be performed in a hospital or surgery center. It is our understanding that the patient has no insurance or is self-pay (i.e., does not intend to utilize his or her insurance coverage). In compliance with the federal No Surprises Act, our office offers an estimate of the average total charges for the surgical procedure, called a “Good Faith Estimate,” which includes, without limitation, an estimate of our office physician fees and charges of other providers or facilities such as the hospital or surgery center and anesthesiologist. The actual total fees for your procedure may be greater than the estimate.

Under the federal law, your rights include the following:

- You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency items or services. This includes related costs like medical tests, prescription drugs, equipment, and hospital or surgery center fees.
- The Good Faith Estimate is provided in writing at least one (1) business day after the date of scheduling, if the procedure is scheduled within three (3) days later, or at least three (3) business days in advance if the procedure is scheduled within ten (10) days. We must provide a Good Faith Estimate within three (3) business days if you request it prior to going forward with the procedure.
- If you receive a bill that is at least \$400 more than your Good Faith Estimate, you can dispute the bill.
- Make sure to ask for a copy or take a picture of your Good Faith Estimate.

You should be aware that: there may be additional items or services that must be scheduled or requested separately and are not reflected in the good faith estimate; it is only an estimate and actual items, services, or charges may differ from the good faith estimate; and the good faith estimate is not a contract and does not require the patient to use any of the recommended providers or facilities.

For questions or more information about your right to a Good Faith Estimate or to request an estimate, contact:

Office Manager  
Maziar Ghodsian D.O., P.C.  
300 South Beverly Drive, Suite 105  
Beverly Hills, CA 90212  
Phone: 800-280-6384  
Email: [admin@doctormaz.com](mailto:admin@doctormaz.com)

The federal phone number for information and complaints is: 1-800-985-3059. The state Department of Insurance phone number is: 1-800-927-4357.

Visit [www.cms.gov/nosurprises/consumers](http://www.cms.gov/nosurprises/consumers) for more information about your rights under federal law.  
Visit [www.insurance.ca.gov/01-consumers/110-health/60-resources/NoSurpriseBills.cfm](http://www.insurance.ca.gov/01-consumers/110-health/60-resources/NoSurpriseBills.cfm) for more information about your rights under California law.