



Cosmetic Lounge
Self-Pay Good Faith Estimate

Patient Name:	Facility Name: Sharp Chula Vista Medical Center
Patient DOB:	Facility Address: 751 Medical Center Ct. Chula Vista, CA 91911
Diagnosis:	Facility Tax ID: 952367304
Estimate Date:	Facility NPI: 1396728630

Facility Items & Services	Qty	Unit Charge	Total
Botox Services	10 units	\$10.00	\$100.00
		Your Estimated Responsibility:	\$100.00
Dysport Services	30 units	\$3.50	\$105.00
		Your Estimated Responsibility:	\$105.00
Dermal filler Injection	1 syringe	\$650.00	\$650.00
		Your Estimated Responsibility:	\$650.00
Dermal filler Reversal (Hyaluronidase)	1 vial	\$250.00	\$250.00
		Your Estimated Responsibility:	\$250.00

Should your services exceed the services included in this good faith estimate you will be financially responsible for the difference.

Co-Providers Items & Services	Qty	Unit Charge	Total
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There are no additional co-providers participating in this treatment plan.

Acknowledgement

We prepared this good faith estimate based on the information provided by you and/or your provider. This good faith estimate is not a contract. There may be additional items/services provided at the time of service that are not included in this estimate. Additional items/services may result from changes in your care plan based on your specific medical condition or other factors.

The self-pay rate is expected to be paid at the time of service. Sharp HealthCare provides several options for satisfying the balance, including all major credit and debit cards. This good faith estimate is valid for 30 days from the estimate date. If your services exceed the estimate, you are responsible for those services.

Your participation and agreement in this program are voluntary and accepted by the hospital in reliance on those statements. Nothing in this letter is intended to replace terms contained in the hospital's Conditions of Admission.

I understand that all estimated financial responsibility payments are due to Sharp HealthCare at or prior to the date of service. I have read the above information and understand my financial obligations. The information provided is an estimate of my financial obligation and based on the information my provider or I provided and is not a guarantee of final charges.

_____ Patient Signature	_____ Date	_____ PAS Representative	_____ Date
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If you are billed for more than this Good Faith Estimate, our Sharp HealthCare team is ready to help. We can help you when the billed charges are higher than the Good Faith Estimate. **You may contact Sharp HealthCare’s financial counseling department by phone 858-499-5901 or email at financialcounseling@sharp.com.**

You have the right to receive a “Good Faith Estimate” explaining how much your health care will cost.

Under the law, health care providers need to give **patients who do not have certain types of health care coverage or who are not using certain types of health care coverage** an estimate of their bill for health care items and services before those items or services are provided.

- You have the right to receive a Good Faith Estimate for the total expected cost of any health care items or services upon request or when scheduling such items or services. This includes related costs like medical tests, prescription drugs, equipment, and hospital fees.
- If you schedule a health care item or service at least three business days in advance, make sure your health care provider or facility gives you a Good Faith Estimate in writing within one business day after scheduling. If you schedule a health care item or service at least 10 business days in advance, make sure your health care provider or facility gives you a Good Faith Estimate in writing within three business days after scheduling. You can also ask any health care provider or facility for a Good Faith Estimate before you schedule an item or service. If you do, make sure the health care provider or facility gives you a Good Faith Estimate in writing within three business days after you ask.
- If you receive a bill that is at least \$400 more for any provider or facility than your Good Faith Estimate from that provider or facility, you can dispute the bill.
- Make sure to save a copy or picture of your Good Faith Estimate and the bill.

For questions related to Sharp Chula Vista’s Cosmetic Lounge Good Faith Estimate, please call us at 619-502-3638 Monday through Friday between 8 am and 5 pm.

For questions or more information about your right to a Good Faith Estimate, visit www.cms.gov/nosurprises/consumers, email FederalPPDRQuestions@cms.hhs.gov, or call 1-800-985-3059.