



Cosmetic Lounge
Self-Pay Good Faith Estimate

Patient Name:
Patient DOB:
Diagnosis:
Estimate Date:

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

Table with 4 columns: Facility Items & Services, Qty, Unit Charge, Total. Rows include Botox Services, Dysport Services, Dermal Filler Injections, Dermal Filler Reversal, Microneedling, and PRP. Includes a 'Your Estimated Responsibility' row at the bottom.

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

Table with 4 columns: Co-Providers Items & Services, Qty, Unit Charge, Total.

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.

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.

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.

Signature lines for Patient Signature, Date, PAS Representative, and Date.



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](mailto: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](http://www.cms.gov/nosurprises/consumers), email [FederalPPDRQuestions@cms.hhs.gov](mailto:FederalPPDRQuestions@cms.hhs.gov), or call 1-800-985-3059.