

BeSound

Good Faith Estimate for Health Care Items and Services

Provided by: Agape Medical Group P.C.

Pursuant to the No Surprises Act

Patient

Patient First Name	Middle Name	Last Name

Patient Date of Birth	Account Number (last four digits) (optional)

Patient Mailing Address, Phone Number, and Email Address

Street or PO Box	Apartment

City	State	ZIP Code

Phone	Email Address

Patient's Contact Preference: By mail By email By phone

Patient Diagnosis (if determined)

Primary Service or Item Requested/Scheduled

Patient Primary Diagnosis	Primary Diagnosis Code
<i>[Diagnosis to be entered at time of GFE issuance]</i>	<i>[ICD-10 code to be entered]</i>
Patient Secondary Diagnosis	Secondary Diagnosis Code

If scheduled, list the date(s) the Primary Service or Item will be provided:

Check this box if this service or item is not yet scheduled

Date of Good Faith Estimate

Summary of Expected Charges

(See the itemized estimate below for more detail.)

Provider Name	Estimated Total Cost
Agape Medical Group P.C. (rendering physician: Ian Grady, MD, FACS)	\$349.00
Total Estimated Cost	\$349.00

The following is a detailed list of expected charges for *Breast Ultrasound Screening*, as well as for items or services reasonably expected to be furnished in conjunction with the primary item or service as part of the period of care. The estimated costs are valid for 12 months from the date of the Good Faith Estimate.

Provider Estimate

Provider/Facility Name	Provider/Facility Type
Agape Medical Group P.C.	Medical Group / Breast Imaging

Street Address
8274 Melrose Avenue, Los Angeles, CA 90046

Contact Person	Phone	Email
BeSound Billing	(323) 607-8781	billing@besoundbreast.com

National Provider Identifier (NPI)	Taxpayer Identification Number (TIN)
1215951371 (Ian Grady, MD, FACS)	39-4168425 (Agape Medical Group P.C.)

Details of Services and Items

Service / Item	Service Address	Diagnosis Code	Service / Procedure Code	Quantity	Expected Cost
Breast Ultrasound Screening (ABUS)	8274 Melrose Avenue, Los Angeles, CA 90046	[ICD-10 to be entered]	CPT: 76641 / 76642	1	\$349.00
Total Expected Charges					\$349.00

Additional Health Care Provider/Facility Notes

Cash pay rate of \$349.00 reflects the total expected charge for breast ultrasound screening services delivered at the BeSound Melrose location. Imaging is interpreted by a licensed physician (Ian Grady, MD, FACS, NPI 1215951371) under Agape Medical Group P.C. Additional follow-up imaging or studies, if recommended, would be scheduled separately and a new Good Faith Estimate would be provided.

Health Care Items/Services Expected to Be Separately Scheduled with Another Provider or Facility

DISCLAIMER: For health care items or services that may be separately scheduled with another provider or facility, separate good faith estimates will be issued upon scheduling or upon request. Specific information such as the names and identifiers for the providers or facilities that may furnish the services, diagnosis codes (if required for the calculation of the GFE), service codes, and expected charges will be provided in separate good faith estimates once these items or services are scheduled (or upon request).

Disclaimer

This Good Faith Estimate shows the costs of items and services that are reasonably expected for your health care needs for an item or service. The estimate is based on information known at the time the estimate was created.

The Good Faith Estimate does not include any unknown or unexpected costs that may arise during treatment. You could be charged more if complications or special circumstances occur. If this happens, and your bill is \$400 or more for any provider or facility than your Good Faith Estimate for that provider or facility, federal law allows you to dispute the bill.

The Good Faith Estimate is not a contract and does not require the uninsured (or self-pay) individual to obtain the items or services from any of the providers or facilities identified in the Good Faith Estimate.

If you are billed for more than this Good Faith Estimate, you may have the right to dispute the bill.

You may contact the health care provider or facility listed to let them know the billed charges are higher than the Good Faith Estimate. You can ask them to update the bill to match the Good Faith Estimate, ask to negotiate the bill, or ask if there is financial assistance available.

You may also start a dispute resolution process with the U.S. Department of Health and Human Services (HHS). If you choose to use the dispute resolution process, you must start the dispute process within 120 calendar days (about 4 months) of the date on the original bill.

If you dispute your bill, the provider or facility cannot move the bill for the disputed item or service into collection or threaten to do so, or if the bill has already moved into collection, the provider or facility has to cease collection efforts. The provider or facility must also suspend the accrual of any late fees on unpaid bill amounts until after the dispute resolution process has concluded. The provider or facility cannot take or threaten to take any retributive action against you for disputing your bill.

There is a \$25 fee to use the dispute process. If the Selected Dispute Resolution (SDR) entity reviewing your dispute agrees with you, you will have to pay the price on this Good Faith Estimate, reduced by the \$25 fee. If the SDR entity disagrees with you and agrees with the health care provider or facility, you will have to pay the higher amount.

To learn more and get a form to start the process, go to www.cms.gov/nosurprises/consumers or call 1-800-985-3059.

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

Keep a copy of this Good Faith Estimate in a safe place or take pictures of it. You may need it if you are billed a higher amount.

PRIVACY ACT STATEMENT: CMS is authorized to collect the information on this form and any supporting documentation under section 2799B-7 of the Public Health Service Act, as added by section 112 of the No Surprises Act, title I of Division BB of the Consolidated Appropriations Act, 2021 (Pub. L. 116-260). We need the information on the form to process your request to initiate a payment dispute, verify the eligibility of your dispute for the PPDR process, and to determine whether any conflict of interest exists with the independent dispute resolution entity selected to decide your dispute. The information may also be used to: (1) support a decision on your dispute; (2) support the ongoing operation and oversight of the PPDR program; (3) evaluate selected IDR entity's compliance with program rules. Providing the requested information is voluntary. But failing to provide it may delay or prevent processing of your dispute, or it could cause your dispute to be decided in favor of the provider or facility.