

MED HEALING LLC

GOOD FAITH ESTIMATE NOTICE

Effective Date: August 1, 2026

YOUR RIGHT TO RECEIVE A GOOD FAITH ESTIMATE OF EXPECTED CHARGES

Under the **No Surprises Act (Section 2799B-6 of the Public Health Service Act)**, healthcare providers are required to provide patients who are uninsured or who choose not to use their health insurance with a Good Faith Estimate of expected charges for scheduled healthcare services.

Med Healing LLC is committed to providing transparent pricing and helping patients make informed financial decisions before receiving care.

This Notice explains your rights regarding Good Faith Estimates and how they apply to services provided by Med Healing LLC.

OUR COMMITMENT TO PRICE TRANSPARENCY

Med Healing LLC is a physician-led, direct-pay telehealth practice. We believe that patients should understand the anticipated cost of their healthcare services before treatment is rendered.

We strive to provide clear, upfront pricing whenever reasonably possible.

A Good Faith Estimate is not a contract and does not obligate you to receive services from Med Healing LLC.

Likewise, receipt of a Good Faith Estimate does not guarantee that all anticipated services will be medically necessary or appropriate following clinical evaluation.

WHAT IS A GOOD FAITH ESTIMATE?

A Good Faith Estimate is a written estimate of the reasonably expected charges for scheduled healthcare items and services.

The estimate is based upon information known at the time it is prepared and reflects the services reasonably expected to be furnished during your scheduled episode of care.

Because healthcare is individualized, unforeseen medical findings or changes in your clinical condition may require additional services that cannot reasonably be predicted in advance.

Accordingly, the final charges may differ from the estimate.

WHO IS ELIGIBLE?

You are generally entitled to receive a Good Faith Estimate if you:

- Are uninsured; or
- Choose not to submit a claim to your health insurance for services provided by Med Healing LLC.

Because Med Healing LLC operates as a direct-pay medical practice and does not participate with commercial insurance plans, all patients may request a written Good Faith Estimate before receiving non-emergency healthcare services.

WHAT MAY BE INCLUDED IN YOUR ESTIMATE?

Depending upon your scheduled appointment, your estimate may include anticipated charges for:

- Initial telehealth consultation
 - Follow-up telehealth consultation
 - Medical evaluation and management services
 - Preventive healthcare visits
 - Chronic disease management
 - Medication management consultations
 - Smoking cessation counseling
 - Pediatric consultations
 - Geriatric consultations
 - Medical marijuana consultation (where legally available)
 - Administrative fees, if applicable
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SERVICES NOT INCLUDED

Your Good Faith Estimate generally does not include charges billed separately by third parties, including but not limited to:

- Laboratory testing
- Imaging services
- Hospital services
- Emergency department services

- Urgent care services
- Specialist consultations
- Prescription medications
- Durable medical equipment
- Outside diagnostic testing
- Services provided by independent healthcare facilities

Those providers or facilities may issue their own Good Faith Estimates when required by law.

ESTIMATED CHARGES

Your Good Faith Estimate reflects the anticipated cost of services based upon the information available before your appointment.

Additional medically necessary services may become appropriate following evaluation by your physician or healthcare provider.

Likewise, certain anticipated services may ultimately not be required.

Accordingly, actual charges may be greater than or less than the estimate provided.

CLINICAL DECISION-MAKING

Medical decisions are based solely upon the independent professional judgment of the treating physician or healthcare provider.

A Good Faith Estimate:

- Does not guarantee treatment.
- Does not guarantee diagnosis.
- Does not guarantee that medication will be prescribed.
- Does not guarantee laboratory testing.
- Does not guarantee imaging studies.
- Does not obligate Med Healing LLC to provide services that are not medically appropriate.

Not every consultation will result in prescriptions, medication refills, laboratory orders, imaging studies, referrals, or additional treatment.

PAYMENT RESPONSIBILITY

Med Healing LLC is a direct-pay healthcare practice.

Payment is due at the time of booking unless otherwise specified by the Practice.

Patients are financially responsible for all charges associated with services received.

Failure to attend a scheduled appointment without timely cancellation will result in a no-show charge equal to **100% of the scheduled service fee**, in accordance with the Practice's Cancellation and No-Show Policy.

YOUR RIGHTS UNDER FEDERAL LAW

If you receive a bill that is **at least \$400 more** than your Good Faith Estimate, you may have the right to initiate the federal patient-provider dispute resolution process.

You must generally begin this process within **120 calendar days** of receiving the bill.

Additional information regarding the dispute resolution process is available through the U.S. Department of Health and Human Services.

REQUESTING A GOOD FAITH ESTIMATE

You may request a written Good Faith Estimate before scheduling or at any time before receiving services.

To request an estimate, please contact Med Healing LLC using the information below.

Whenever reasonably possible, estimates will be provided within the timeframes required by applicable federal law.

LIMITATIONS OF THE ESTIMATE

A Good Faith Estimate:

- Is not a guarantee of final charges.
 - Is not a contract.
 - Does not guarantee medical treatment.
 - Does not obligate either party to proceed with care.
 - Is subject to revision if your medical condition changes or additional clinically appropriate services become necessary.
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QUESTIONS

If you have questions regarding your Good Faith Estimate or expected charges, please contact Med Healing LLC before your appointment.

We encourage patients to ask questions regarding pricing, payment policies, or anticipated services so they may make informed healthcare decisions.

CONTACT INFORMATION

Med Healing LLC

Email: MedHealingLLC\@Gmail.com

PATIENT ACKNOWLEDGMENT

I acknowledge that by booking a service, I have received, or have been provided the opportunity to receive, the Med Healing LLC Good Faith Estimate Notice.

I understand that:

- I have the right to request a Good Faith Estimate before receiving services.
- A Good Faith Estimate reflects expected charges based upon information available at the time it is prepared.
- The estimate is not a guarantee of final charges.
- Additional medically necessary services may result in additional charges.
- I remain financially responsible for charges associated with services rendered by Med Healing LLC in accordance with the Practice's Financial Policy and Terms of Service.