NAMAKY ADVANCED ENDOMETRIOSIS SURGERY

GOOD FAITH ESTIMATE

SUMMARY

This Good Faith Estimate provides an overview of expected charges for services offered by Namaky Advanced Endometriosis Surgery ("the Practice").

This estimate reflects the anticipated scope of care based on the information currently available and may change depending on clinical findings, treatment decisions, or other factors.

This estimate is provided in conjunction with the Practice's Financial Responsibility and Scheduling policies.

EXPECTED SERVICES AND FEES

Consultation
Initial Consultation (Telehealth)
$500

Preoperative Care
Preoperative Visit (Telehealth)
$300

Payment for scheduled visits is due at the time of the visit and will be processed using the card on file.

Surgical Services
Standard Professional Fee (Estimated Range)
$1,100 – $6,600

This estimate is based on anticipated procedure complexity. Final fees will be discussed and confirmed prior to scheduling whenever possible.

This fee includes routine postoperative care related to the procedure for a period of 90 days following surgery.

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PAYMENT OPTIONS

The Practice offers two structured payment options for surgical services.

The Standard Professional Fee reflects the full fee prior to any applicable prepayment reduction.

Option 1 — Prepayment
Patients who complete payment in full prior to surgery may receive a 10% reduction in the professional fee.

The discounted amount becomes the total agreed fee when this option is selected.

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Option 2 — Payment Plan
A structured, interest-free payment arrangement is available with the following terms:

- 50% of the total fee due prior to scheduling surgery
- Remaining 50% divided into six (6) equal monthly payments
- Automatic payments using a credit card on file are required

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INPATIENT CARE (IF APPLICABLE)

If inpatient care is required and is not directly related to a scheduled surgical procedure, the following may apply:

- Hospital Evaluation (Initial Visit): $600
- Hospital Care (Daily Visit): $350
- Hospital Discharge Visit: $350

Postoperative inpatient care directly related to surgery performed by the Practice is included in the surgical fee and is not billed separately.

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IMPORTANT INFORMATION

This estimate includes only the professional fees charged by Namaky Advanced Endometriosis Surgery.

It does not include charges from other providers, which may include:

- Hospital or surgical facility
- Anesthesia
- Pathology
- Radiology
- Other consulting physicians

These services are billed separately and may be in-network or out-of-network with your insurance.

Care beyond the 90-day postoperative period, or care unrelated to the surgical condition, is not included in this estimate and may result in additional charges.

Scheduled visits require completion of pre-visit steps, including online check-in and maintaining a valid card on file, in accordance with Practice policies.

INSURANCE

- The Practice does not bill insurance
- You may choose to submit a claim independently
- A superbill may be provided upon request

Reimbursement is not guaranteed and depends on your individual insurance plan.

YOUR RIGHTS

You have the right to receive a Good Faith Estimate of expected charges.

If your final bill is at least $400 more than this estimate, you have the right to dispute the bill.

For questions or more information about your rights, visit:
www.cms.gov/nosurprises

You may also contact the Practice with any questions regarding this estimate.

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ACKNOWLEDGMENT

I understand that this Good Faith Estimate is not a contract and that actual charges may vary based on my clinical care.

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