

Sesi Signature Inc.

No Surprises Act – Legal Notice

Your Rights and Protections Regarding Your Medical Bill

Please be aware that Sesi Signature Inc. is an out-of-network medical practice and does not accept insurance. We operate on a fee-for-service basis, meaning payment is expected directly from you at the time of service.

This notice explains your rights regarding your medical bill, including protections against surprise medical bills and your right to a Good Faith Estimate if you are an uninsured or self-pay patient.

Part 1: Protections for Uninsured or Self-Pay Patients: The Right to a Good Faith Estimate

As a patient who is uninsured or who chooses not to use insurance for your care, you have the right to receive a “Good Faith Estimate” (GFE) of your expected medical costs.

- Under the law, healthcare providers must provide patients who are not using insurance with a written estimate of the total expected cost of any non-emergency items or services.
- This GFE will be provided to you in writing at least 1 business day before your scheduled medical service.
- You can also ask our office, and any other provider you choose, for a Good Faith Estimate before you schedule a service.
- **Dispute Rights:** If you receive a bill that is at least \$400 more than your Good Faith Estimate, you can dispute the bill. This dispute must be filed within 120 calendar days of receiving the bill.
- Make sure to save a copy or photo of your Good Faith Estimate for your records.

Part 2: Protections from Surprise “Balance” Billing

As an out-of-network provider, we are required by law to inform you about protections against surprise medical bills (also known as “balance billing”).

These laws primarily protect insured patients from unexpected bills in emergency situations or when treated by an out-of-network provider at an in-network facility. Because our practice is an out-of-network office that you are choosing to visit, these specific protections may not apply to the services you receive from us.

Part 3: For More Information

- For questions about a Good Faith Estimate from our office, please call our patient account representatives at **133-657-0712**.
- For more information about your rights under federal law, visit www.cms.gov/nosurprises or call 1-800-985-3059.

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- For more information about your rights under California state law, visit the Department of Managed Health Care at **dmhc.ca.gov** or the Department of Insurance at **insurance.ca.gov** or call 1-800-927-4357.