

Good Faith Estimate Notice

TeleDirectMD

Effective October 31, 2026.

Free help is available. If you need this notice in another language, in large print, in braille, read aloud or in another format, call (678) 956-1855 or email contact@teledirectmd.com. Language help in other languages is listed at the end of this notice. Un resumen en español aparece en la sección 7.

1. Your right to a Good Faith Estimate

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 don’t have certain types of health care coverage, or who are not using certain types of health care coverage, an estimate of their expected 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 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 your bill.

2. Who this notice applies to

This notice applies if you do not have health insurance, or if you have insurance but choose not to use it for a visit (a self-pay visit). If you have a plan we are in network with and want a self-pay visit, you must tell us before the visit and agree in writing that we will not submit the visit to your plan. This option is not available to anyone with Medicare, including a Medicare Advantage plan we are in network with.

Medicare. If you have Original Medicare (Part A or Part B), federal rules require that Medicare-covered visits be billed to Medicare, and we do not currently bill Original Medicare. If you have a Medicare Advantage plan we are not in network with, federal rules limit what we may charge for your visit. In either case, please do not book a self-pay visit. If you have a Medicare Advantage plan we are in network with, book using your plan. Not sure which you have? Check your card or call the number on it.

3. Your estimate at TeleDirectMD

3.1 The expected charge

A self-pay video visit with Parth Bhavsar, MD costs a flat \$79, paid when you book. It covers the video visit, the evaluation and treatment plan, sending any prescription electronically to your pharmacy, and an excuse note if one is medically appropriate. It does not include the cost of any medicine, which your pharmacy charges separately (Section 3.4).

3.2 When you get your written estimate

- We send a written Good Faith Estimate with every self-pay booking confirmation.
- If you ask for an estimate before you book, we send it in writing within 3 business days after you ask.
- You can ask for a copy at any time by emailing contact@teledirectmd.com or calling (678) 956-1855.

3.3 What each estimate lists

Each estimate includes the items federal rules require, including your name and date of birth, a description of the service, the expected charge, and the name, National Provider Identifier (NPI) and tax identification number of the practice that provides care in your state. The practice depends on where you are during the visit: Parth Bhavsar Medical Corporation for California, Parth Bhavsar Medicine PLLC (doing business as TeleDirectMD) for New York, TeleDirectMD, PLLC for Texas, and Mahavir Health Services LLC (doing business as TeleDirectMD) for all other states we serve and Washington, D.C.

3.4 Costs from other providers

Our estimate does not include services from other providers, such as lab tests, imaging, medicines from your pharmacy, or specialist or in-person care after a referral. Those providers bill you separately, and you have the right to ask each of them for their own Good Faith Estimate.

A Good Faith Estimate is not a contract, and it does not require you to receive the service.

4. Timing rules under federal law

If you schedule a health care item or service at least 3 business days in advance, your health care provider must give you a Good Faith Estimate in writing within 1 business day after scheduling. If you schedule at least 10 business days in advance, your provider must give you the estimate within 3 business days after scheduling. You can also ask any health care provider for a Good Faith Estimate before you schedule an item or service, and the provider must give you the estimate within 3 business days after you ask.

5. If your bill is higher than your estimate

- If a bill from a provider or facility is at least \$400 more than that provider's or facility's Good Faith Estimate, you can use the federal patient-provider dispute resolution process.

- You must start the dispute within 120 calendar days (about 4 months) of the date on the original bill.
- The dispute process has an administrative fee. The amount is set by the U.S. Department of Health and Human Services (HHS).
- An independent reviewer looks at your Good Faith Estimate and your bill and decides what you should pay.
- While your dispute is open, we will not send your bill to collections or threaten to. If a bill is already in collections, we will stop collection efforts until the dispute is decided, and we will not add late fees while the dispute is open.
- Starting a dispute will not affect the care we provide you, and we will not take any action against you for disputing a bill.

6. Questions and how to start a dispute

TeleDirectMD Email: contact@teledirectmd.com Phone: (678) 956-1855 Mail: 113 S Perry St, Ste 206 #5077, Lawrenceville, GA 30046

Centers for Medicare & Medicaid Services (CMS) Website: www.cms.gov/nosurprises Phone: 1-800-985-3059

7. Resumen en español

Usted tiene derecho a recibir una “Estimación de Buena Fe” (Good Faith Estimate) que explique cuánto costará su atención médica si no tiene seguro médico o si decide no usarlo para una visita. En TeleDirectMD, una visita por video de pago propio cuesta \$79. Le enviamos una estimación por escrito con cada confirmación de cita de pago propio y, si la pide antes de reservar, se la enviamos dentro de 3 días hábiles. Si recibe una factura de un proveedor que supera en \$400 o más la estimación de ese proveedor, puede disputarla dentro de los 120 días calendario a partir de la fecha de la factura original. El proceso de disputa tiene una tarifa administrativa fijada por el Departamento de Salud y Servicios Humanos (HHS). Mientras su disputa esté abierta, no enviaremos su factura a cobranza ni cobraremos recargos por pago atrasado, y presentar una disputa no afectará la atención que le brindamos. Si tiene Medicare Original (Parte A o Parte B), por favor no reserve una visita de pago propio. Para más información, visite www.cms.gov/nosurprises o llame al 1-800-985-3059. Si tiene preguntas, escribanos a contact@teledirectmd.com o llame al (678) 956-1855.

8. Language assistance

ATTENTION: If you speak a language other than English, language assistance services are available to you free of charge. Call (678) 956-1855.

Español: ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (678) 956-1855.

繁體中文: 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 (678) 956-1855。

Tiếng Việt: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số (678) 956-1855.

한국어: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. (678) 956-1855 번으로 전화해 주십시오.

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa (678) 956-1855.

Русский: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните (678) 956-1855.

العربية: ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل بالرقم (678) 956-1855.

Kreyòl Ayisyen: ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele (678) 956-1855.

Français: ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le (678) 956-1855.

Português: ATENÇÃO: Se você fala português, encontram-se disponíveis serviços linguísticos, de forma gratuita. Ligue para (678) 956-1855.

Polski: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer (678) 956-1855.

日本語: 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。(678) 956-1855 まで、お電話にてご連絡ください。

Italiano: ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero (678) 956-1855.

Deutsch: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: (678) 956-1855.

فارسی: توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با شماره (678) 956-1855 تماس بگیرید.