



FARSHAD MALEKMEHR, M.D., F.A.C.S.

CARDIOTHORACIC & VASCULAR SURGERY

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PROFESSIONAL OUT-OF-NETWORK DISCLOSURE NOTIFICATION

This form is to notify you that Farshad Malekmehr, MD. **is considered an out-of-network specialist with your insurance plan.**

- Please contact your insurance company to discuss out-of-network benefits, if any, and identify the specific potential out-of-pocket expenses as they will exceed out-of-pocket expenses for an in-network practice/facility: and,
- You will be financially responsible for any excess amount that is not covered by your insurance plan.

If you would like assistance with coverage benefits, please contact:

Margarita

661.799.7444

By signing below, you acknowledge that you have fully read and agreed to this disclosure:

Patient or Authorized Rep's Signature:

Printed Name: _____

Date: _____



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