



WEALTH PLANNING FOR THE MODERN PHYSICIAN

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THE JOURNEY FROM SOLO PRACTICE TO INDUSTRY LEADER WITH SPECIAL GUEST, DR. CYNTHIA MATOSSIAN

David Mandell:

Hello, this is David Mandell. Welcome to the program. We've got a great guest today, someone I've known for a bit and we've spoken together and some of my other partners too. So let me tell you about Dr. Cynthia Matossian and then we'll have our conversation. So Cynthia is the founder and former medical director of Matossian Eye Associates. She's also the Chief Medical Officer for Freya Ophthalmics, Chief Medical Advisor for Bruder-Hilco, and CEO of GPOphtho, a group purchasing organization she founded, and we're going to talk about that. She also founded the American College of Eye Technicians, ACET, a nonprofit recruiting entity for adults from less privileged backgrounds, providing foundational online training as eyecare assistance and placing them into ophthalmic practices. Cynthia has been named among the top 100 women in ophthalmology, received the Ophthalmic World Leaders Visionary Award, and is one of Ocular Surgery News' Premier Surgeons. In academia, she's an assistant instructor at Temple University School of Medicine and clinical instructor at the Robert Wood Johnson Medical School. So with that, Cynthia, welcome to the program.

Cynthia Matossian:

Thank you, David, for inviting me. It is a real pleasure to be here with you on your program.

David Mandell:

Excellent. Yeah, and for those of you obviously listening and watching, we're going to put her bio as we always do, but also link to GPOphtho, which we'll talk about in the show notes and anything else she wants in there. So there'll be ways for you to continue to understand where she's coming from. So every doc that I've had on this program, now six seasons in, I ask same question, why did you become a physician and then how did you gravitate to your specialty ophthalmology?

Cynthia Matossian:

I love that question because I believe most of us did not have a very straight trajectory. There were a lot of curves and turns the way I became an ophthalmologist. My college major was political science, and within political science, there are kind of two branches, international relations, which we abbreviated as IR and constitutional law, and usually those who focus in the constitutional law arm end up going to law school.

David Mandell:

Right.

Cynthia Matossian:

IR folks like me end up going into diplomatic corps or working with international agencies, and I thought that's what I wanted to do. Thank God for junior year abroad. For me, it was going to the United Nations and spending time in New York City. It was not overseas, but it felt like being overseas because I was in this UN cocoon for a while and we got to attend incredible meetings and general session. Of course not in the confidential meetings, and I realized I absolutely hated it.

David Mandell:

Okay, good.

Cynthia Matossian:

I just realized that you are a tiny gnat, a dot, in this ginormous cog of complex wheels and turns and decision-makers, and that no matter how hard you try to execute something, a coup can happen. Somebody could be executed, and you never get feedback for what you are doing. So I came back from my junior year "abroad" from the US semester and said, what field can I go into where there is instant feedback and you kind of understand what you're doing well and maybe what you're not doing so well and you need to tweak. And I chose medicine. And then within medicine I said, I want to feel where I'm working with men and women, older and younger people, and I can do surgery as well as office practice. And I looked at options. Dermatology was one, ophthalmology was one. I said, I'm picking ophthalmology. So I actually went to medical school to become an ophthalmologist.

David Mandell:

Okay.

Cynthia Matossian:

So that's my story.

David Mandell:

Yeah, yeah. I mean, asking this question now to tens and tens of docs, I've gotten a lot of answers. People obviously who've been paying attention or following our podcast, but I think one of the things... My father who's on the podcast who passed away last year was a radiologist, he always often told me that in your 20s you're trying to figure out what you don't like as much as what you do like. In fact, what you do like might come at the end because once you find it, you say, "I'm sticking with that." Right?

Cynthia Matossian:

Exactly.

David Mandell:

So it's good that you learned that early on rather than eight years into being a lawyer or a diplomat and say, "This isn't for me now I want to go back to medical school." So it was actually fortunate that you did that early on. So let's

talk about your practice. I took this off your website and you and I have talked many times, but I'm just going to read this question so people get a sense of how far you came in your success. So in 1987, you began your solo practice with one office and two employees. The practice continue to grow to 14 doctors and over 90 employees. And we'll talk about exits down the road here in a couple of minutes. But just on the growth of your practice over time, looking back from a financial perspective, from a business perspective, what do you think are the most important things that you learned? And you can go either way with this or both. What did you wish you knew at the beginning that you had to learn through the school of hard knocks over time?

Cynthia Matossian:

Boy, was it a school of hard knocks. So I started my practice in an era, as you said, 1987, not far from Princeton and a very nice community in New Jersey. And I really had a tough time getting a small loan to start my practice.

David Mandell:

Interesting.

Cynthia Matossian:

I had to beg and plea, go to multiple different banks and say, "Can you just give me a loan to get my practice started?" Because I didn't have the cash to invest into the one lane and the equipment that I needed and some diagnostic pieces of equipment.

David Mandell:

Can I interrupt you for a second there so we got more. Do you think, and maybe I'm just reaching here because you were a woman, meaning most banks, I mean, I don't know in 1987 because that's before my time, but they're very, at least in the last couple of decades, very amenable to lending to docs because you get personal guarantees and they figure this loan's going to be paid back in the vast majority of cases. Do you think that was an element of it, or was it just lending was tough for a lot of your colleagues too?

Cynthia Matossian:

I think it was that there weren't that many women in medicine at all, especially in ophthalmology back then, let alone ones that were starting their own practices. So there was a little trepidation-

David Mandell:

You were a little bit of a pioneer.

Cynthia Matossian:

... on the part of the loan officers. And actually finally when I did get the loan and I was trying to have the transaction to buy an existing practice from a retiring ophthalmologist, the attorney of the seller ophthalmologist actually had my husband who had nothing to do with medicine, he was not at all in health care, countersigned my signature because that was [inaudible 00:08:03].

David Mandell:

That I just told you, yeah.

Cynthia Matossian:

And that's how it started. That was the first big hurdle I had to get over.

David Mandell:

Yeah, yeah, I get it.

Cynthia Matossian:

But that taught me that I'm going to show them I can do it. That gave me that drive and that initiative to prove to everybody that even though I am a woman, and yes I am, I'm an ophthalmologist and I'm going to deliver the best eye care and health to my patients that I know how and it's with that determination that I opened my practice.

David Mandell:

And so yeah, challenges right from the get go. And so let's fast-forward a bit. How did you start to grow? You start to build reputation, you have a busy

practice. What about the challenge of bringing on other doctors or other locations? How did you manage that? What either success thing, I really did this well, or here's something I overcame because I realized I wasn't doing it the right way.

Cynthia Matossian:

We all worked. I mean, I worked really hard from the get-go, and I know that's easy to say, but it was incredibly hard. I asked to be on call as much as possible because I knew that was a way to get an introduction to different doctors who were working, new patients that then hopefully would become my patients and their families. And that's kind of how I grew it through incredibly hard work. And once I got so busy, I said, it's time to grow. It's time to hire an associate.

From the beginning I said, I want you to be a partner. I want you to have access to all the books. So I believe in excellent communications and transparency because that's how trust is built. And then everybody on the team kind of feels like they're part of the bigger picture and we're all rowing in the same direction towards our goal and our goals were very clearly defined. For example, how many patients we wanted to see this month, where we wanted to see the projections to be in six months or at the end of the fourth quarter. So communication, teamwork, and hard work were the three secret ingredients to the success.

David Mandell:

And did you find as you built out that practice that it was important beyond transparency and all that to have a particular type of compensation arrangement, meaning everybody kind of ate what they killed, essentially, meaning production-based or was there some kind of sharing? What did you find as you worked to develop this out that worked best as you built your practice?

Cynthia Matossian:

Because when somebody starts, they have loans to pay like I did. So it was good to have a guaranteed salary as a base, and then we had a certain

hurdle that you had to have. Once you cross that, then you got a percentage of whatever you generated. But with that said, I made sure that my doctors had adequate staff and help in order for them to see as many patients as possible and operate at the highest level of their skillset. Instead of being bogged down, typing into a computer or taking notes from patients, we had scribes in the room to help them expedite the patient throughput.

We had scribes who did a lot of the, let's say, refills of pharmaceutical products as long as there was no change or an alteration in the prescription, we had steps and policies for if there was a change, then they had to get the approval from the doctor. So we tried to delegate as much as possible to staff. I really focused on training my staff. They all felt part of the team and therefore the doctors were able to work very, very efficiently and generate a very healthy income.

David Mandell:

Yeah, a number of... Interesting you mentioned scribes, for those of you who are haven't gone back, now we're in season six back to season five, I had Dr. Jude Pierre talk about that. He trains young docs, not in ophthalmology, but he's a more general practitioner family medicine. But he talks about how he implemented a scribe in his practice just in the last five years, and it saved him so much time compared to what he was doing before, which allows him to see more patients, which allows more income, which more than pays off for the scribe. So it's interesting you mentioned that-

Cynthia Matossian:

David-

David Mandell:

And then delegation. I want to focus on that for a second.

Cynthia Matossian:

Wait.

David Mandell:

Go ahead.

Cynthia Matossian:

Just one second. I want to piggyback on that comment. It's not just saving time.

David Mandell:

Okay.

Cynthia Matossian:

It's actually minimizing the frustration level of doctors and decreasing the burnout rate.

David Mandell:

Yes.

Cynthia Matossian:

Because if you are frustrated doing a task, it's going to eventually build up and resonate in the way you feel about your career or your work. But if you take that frustration and delegate it to somebody who's very proud of being a scribe, earning a living that they can then have their own apartment and car, then you are working at your highest skill set. And the scribe feels so eager to do the best he or she can to help you continue to see patients.

David Mandell:

And you feel pride. So it's not only avoiding what I would call the death of a thousand cuts, which is, oh my God, I got to do this again and do this again and do this again, and I hate doing it. But also someone else will actually take that and have pride in it and then-

Cynthia Matossian:

Exactly.

David Mandell:

... you can feel good about helping them in their career and what they're doing. I'm glad you interjected that. So on that point, Cynthia, on delegation, it's an important thing. So if you can answer me this on two levels, when did you start to realize beyond just an office manager. The office manager, many docs have, right from the beginning, someone to handle everything that the doc doesn't want to do, but when did you decide to get to more management, actually have someone who is maybe a little more business skilled, that brought a little more formality to the business.

When did you decide that that was important and have that as someone to delegate certain tasks to? And then the second part of the question, and you can just focus on the first because I can re-ask the second, but I want you to be thinking is also in your personal financial life, when did you get to the point where you're like, I don't want to do the investments anymore or ever, maybe you or your husband always wanted to do that, or when did we say, "Hey, listen, we really need a professional"? Because delegation versus doing your best, doing your own versus highest and best use is a topic I've written a lot on and I'm really interested how every person makes their judgment on that spectrum of doing it themselves to delegation. So first on the business, on the practice, and then let's talk personally.

Cynthia Matossian:

On the business side, I very quickly realized that yes, I may know ophthalmology, I may know how to do cataract surgery and treat tri-eye, but I clearly did not know enough about the business aspect of running a practice. So that was a big deficit because we don't get any training in that in medical school nor residency. And I had to figure out a way to learn it myself. Whenever I would go to national meetings, whether it was the ASCRS meeting or AAO meeting, I started to take courses on the other side of the fence in the administrator's sessions instead of-

David Mandell:

Okay, you would sit with the administration, the AAOE or whatever that would be, okay.

Cynthia Matossian:

Yes. And ASOA and all.

David Mandell:

Right, right.

Cynthia Matossian:

So I actually joined those organizations and started taking classes on that side about legalities of human resources, about books, about how to keep finances, about running a practice, about how to do a good P&L and read it and understand it. So I educated myself by taking classes in the non-clinical sections, and thank God for meetings like AAO and ASCRS and the ability for anybody interested, whether you are an ophthalmologist, optometrist, or any other physician to start taking classes and nonmedical, but healthcare management and business classes. So that's how I learned how to do it. And then I started doing it myself because I had to learn how to do it. And then once I was so busy, I hired somebody with that higher skillset through the assistance of a company, a headhunter type of company, who then helped me find an appropriate candidate through interview series and visits and things like that so that it was the right fit for Matossian Eye Associates.

David Mandell:

Got it. Your general approach was, "Hey, I got to learn this myself." And I think that's a good decision because we haven't had anybody on the podcast yet, but a topic I want to talk about is embezzlement, right? If you don't have an idea of what's going on, it's very easy to be susceptible to theft or embezzlement or loss, et cetera. So you got to have some knowledge. Trust but verify, we talk about that a lot, but then at some point, it's not your highest and best use and if you can find someone else.

The other thing I heard you say, which I want to point out, is you used a firm to find that, you didn't just put up a, whatever it was, maybe it wasn't there at that point, but an Indeed thing, and then try to hire someone yourself because the skill of hiring and finding the right person is also a skillset, right?

Cynthia Matossian:

Exactly.

David Mandell:

I'm not good at. They don't let me hire people because I like everybody. That's the problem. That's a skill too. I heard you say that you went outside, headhunter, et cetera, to have the expertise to find even that right person. Is that right?

Cynthia Matossian:

And that added a layer of professionalism to the whole process and that I think the candidates were at a higher level because they were working with a headhunter to look for the best possible opportunities.

David Mandell:

Yep. Yeah, that makes sense. So what about on financial with your personal life? So in terms of anything from insurances to investing to sort of that financial life, were you and your husband more do it yourself? Did you start that way and then eventually hire professionals? Did you think you wanted professionals right from the get-go, this just isn't our area and we need help? How did you guys approach it?

Cynthia Matossian:

I love that question because it really resonates with me. I knew that I wanted to be fiscally responsible and start planning from the get-go for my future, but I had a lot of debt from college. I had debt from medical school, I had debt from starting my practice.

David Mandell:

A lot of debt.

Cynthia Matossian:

So I had to figure out how to do all of this yet have money to buy a house, to buy a new car, to upgrade it because my car at that point was very old and to start saving for a family, college fund, et cetera, and retirement. So I started to say, "I don't have that skillset. I need somebody who really can help me with this." So from the very, very beginning, I started to look around and I found back in the day, there were ads. We didn't have social media like we do today. It was about women and financial literacy.

I said, wow, I know I really need to know this. I am illiterate when it comes to finances and I better learn how to do this. And her name was Barbara and she was a senior financial wealth management advisor, and she was holding these small round table discussions, inviting four or five women surgeons or doctors of all different backgrounds to come in and it was a safe space and we didn't feel stupid or silly to say, "We honestly don't know, we need help." And she guided us and she became our financial advisor, and all I had was \$3,500 to invest. But I said, "Hey, I got to start somewhere." So we started with that and she didn't say, that's silly. She said, "Let's start with this. Let's see what we can do." And to this day, I mean, she's retired now and she had a junior associate at the time who now is a very... She's a partner and a senior wealth management advisor. Her back then junior associate is our current senior wealth management advisor. We've been with that company for now 40 years.

David Mandell:

Wow. That's great.

Cynthia Matossian:

Isn't it a great story?

David Mandell:

Yeah. Yeah, I like it. It sounds like you had the sort of similar approach. You had the self-awareness to say, "Hey, this is something I need. This is something that I don't have expertise in. I need to learn a little bit like education first and

hopefully I'll learn something." And then whether you intended or not, the other side effect of that is you built a relationship with somebody that you trust to help you, and then that takes off. And that's sort of the OJM business model as you know, because been speaking for a long time in our books and everything is if people can learn from you and see that you have their best interest at heart, they get the confidence from learning and then you can build a relationship with them. That's a terrific story and I'm glad that worked out for you.

I want to shift gears to talk just a minute about in your bio and we'll link to the full bio. You have a significant bio, so we cut it down for the intro. But even in the intro I did mention your role as chief medical officer and your involvement with industry. So tell us what you've... We probably don't have the time for you to go into each company you're involved in, but I think really more for the people who are listening and watching who want to do that, who would ideally say, hey, this is an interest of mine. I'd like to affect the field. I have some ideas, or I just like the idea of being involved with innovation. What advice would you give or what were the key things that you did to have that part of your career?

Cynthia Matossian:

I think if you're passionate about a certain procedure or a certain product or an implant or a pharmaceutical solution, I would let the companies know that the types of results I'm getting with that particular product or device, and then I would say, are there opportunities for me to speak about it? So it was me taking the initiative to let my local reps know that I had an interest beyond just staying within the four walls of my brick and mortar office. So it starts by building a relationship with your local rep. They can open so many doors for you. It's beyond imagination. Regrettably, many ophthalmologists or doctors in general don't spend enough time, don't give enough respect to the local reps who have incredible connections with not just the company they're working with, but maybe with folks at a different company they used to work with before it became affiliated with another firm or something like that.

So that's how doors became open to me. And then I would make sure I got to know the C-suite people within that company, get to know them, propose ideas for different clinical trials. They are called investigator initiated trials, meaning a doctor with an idea can then start to do some trials within their office and they love those ideas. And that's how I started to have a large network of let's say, connections within industry.

David Mandell:

That's great. I mean, I really appreciate that because I've asked the question from other docs and I haven't gotten that answer before, they haven't gotten as detailed in that for whatever reason, maybe they're at academic institutions and it was a little bit different. But I think getting to know your rep, being proactive, understanding that they're a pathway into this whole area, and if you have a passion for something that's been working with your patients and you're open to sharing that, that can take you a long way. And that's great. I'm really going to highlight that too in the show notes. So appreciate that.

Cynthia Matossian:

And actually, David, that set Matossian Eye apart from my competitors, because we were the only ones doing clinical trials, we were the only ones trialing new things and patients sought us out because they knew we had that reputation of being on the cutting edge. And that was a great way to kind of spotlight us relative to our competitors who were great physicians, but they weren't involved in clinical trials nor research.

David Mandell:

And then I'm sure it has a little bit of a snowball effect because now patients are seeing you as sort of able to provide the cutting edge and then industry seeing you as a practice that has patients like that. And before you know it-

Cynthia Matossian:

Exactly.

David Mandell:

... it's grown on itself. Terrific. So here's a question we talked about, and this is something I have asked a lot of docs who have come on this program over the last five seasons. So you ended up selling your practice to a private equity backed entity. So we've talked a lot about them in different angles. What I want to ask you is now looking back, if I were or if someone's watching this or listening to this is in the same position you were in three years ago, five years ago, whatever. When you said retirement's getting there, it's something I want to start thinking about. What advice do you give somebody like that? Was there a key thing that you did, whether it be a key advisor, a key process, a key approach, something that you would give advice to another doc in your position, but just 2, 3, 5 years before?

Cynthia Matossian:

I think it's being prepared for that eventual sale or transaction. And to do that, I really started about five years before. I had a goal that at a certain age I wanted to have my practice sold. So I worked back. I said, okay, I'm going to start five years before that goal. I'm very organized.

David Mandell:

Yeah, I can tell that.

Cynthia Matossian:

And that's part of it. You can't just do it on a whim, it just doesn't happen like that. Or if it happens, it may not be the ideal situation. So the first thing was to look around for the proper banker or broker. That actually takes a while. Again, I sought help to get the highest level professional I could to be my guide in this process because I knew, again, I didn't have that skillset. So I took some months to find, almost a year, to find the right broker/banker. Then once he came into my life, we had to make sure all of our documents, whatever was necessary, was in the proper order the way PE companies who are viewing you as a potential M&A option wanted to see these documents, not that we didn't have them, but we may not have had them in the right format.

So we got all of that done, and then the matchmaking started. The broker would pitch different companies to us. There would be interviews, there would be visits, there would be lots of meetings. So it really took about four years for all this to happen. And then we found the right match from the various options and proposals we had. And then that deal went through, and I can't be happier. For me, it was absolutely the best decision because I was towards a latter part of my career in delivering direct patient care and doing surgery.

I wasn't ready to give up ophthalmology, but I did not want to have the burden of such a large practice in two states, three locations any longer, and I wanted to leave at the top. I didn't want to be on the other side sliding down and then begging for somebody to buy my practice. So it was the best way to monetize my retirement to get back some financial reward for all those years of very meager income because I was reinvesting in my practice instead of taking money home. So it worked out for me because the timing was right for me.

I hear some of my colleagues a little frustrated sometime when they still have maybe 15, 20 years of a runway ahead of them and they want to remain in that decision-making position. But obviously if somebody else is the "owner of the practice," you are no longer the captain of the ship. So you have to know yourself. You have to know when it's the right time to sell and to whom to sell to.

David Mandell:

Terrific. Planting it out and preparing early takes the pressure off. It also allows you to say no, and it allows you to wait for the right first advisor that you want to work with and then ultimately the ultimate firm you want to sell to. And I echo your experience in that it is a different deal and a different, not only decision, but day two, what happens afterwards when you are in the retirement red zone where you have your kind of near retirement and versus you're in the middle of your career and you're kind of doing it for a financial windfall, that's a different thing. And that makes the decision in some ways even more challenging and important because you're going to have to live

with this person for a lot longer than someone who's really exiting. The sale when it's not an exit is it can work out well.

And we've had plenty of docs on who are happy, but that's a good point. And I know we could talk about this a lot more, but I want to talk about GPOptho because we don't have that much time left. So you've transitioned now from a clinical career and we just talked about that a bit to forming GPOptho, which was this purchasing organization that we talked about that well, as I mentioned in your bio. So tell us about that. Tell us about why you thought there was a need in the market and what you guys are doing. I know we've played a role in it, but let's hear for the audience.

Cynthia Matossian:

Well, while I was still involved and the medical director of Matossian Eye Associates, I realized that the cost of doing business was going up. Everything was costing more to do, and our reimbursements we all know are getting slashed and there was a disconnect. And so practices were really struggling and feeling that squeeze, that crunch. I said, how can we save money? And one way was to aggregate numbers because so many eye doctors use very comparable things, whether it's dilating drops or diagnostic equipment or whatever it might be. We all use them in our offices day in, day out and our ASCs and ORs. So I said, let's create a group purchasing organization primarily focused on ophthalmology, although not exclusively. We have many ODs who are members. And this way as a group, we have buying power and we can work with all these companies that each of us is individually reaching out to, negotiate better deals or improve service contracts or value added packages.

And then we all benefit. And this way we can also maybe drive more business towards our industry colleagues. So it'll be a win-win-win for everybody, for the patient because they're getting superior products, for the practices because their bottom line is going to be healthier. And of course for industry. So I formed GPOptho. It is free for any doctor to join and his or her staff can also join freely because we have scrubs and we have all kinds of wealth

management services. We have a diagnostic equipment to blades, you name it. Our array of products and services is getting broader literally by the week. And that's how GPOphtho was started and formed.

David Mandell:

And it's kind of Business 101, right, which is economy of scale and bringing people together and certainly docs and practices, like you said, when you're getting a squeeze of inflation and your cost of business going higher and your revenue being cut, you got to find every way to be efficient as possible. So we're proud to be part of it. I think it's a great concept and the fact that it's free for docs and they can join. Certainly in the show notes folks, we're going to put the link in there so you can go check it out and see if it might be a fit for you. So Cynthia, big picture. Last question here. You're sitting down with yourself in fellowship or residency or somebody today. What's one piece of advice? I know you probably got a hundred, but what's one big picture thing you would say, hey, as you go into your career, here's something that always keep in mind.

Cynthia Matossian:

I would say learn the business of ophthalmology or the field of medicine, and it has to be on your dime on your initiative, and you can't do it obviously in lieu of seeing patients because you need to generate an income. So it's going to take time away from family or your free time to really educate yourself in the business of ophthalmology, the running of the practice, the way business makes sense because just at least for me, I did not have that background, even though I finished my residency and I felt comfortable with some of my skillsets within ophthalmology, that area was completely black. And I would say the sooner you master the business aspects of running a practice, regardless of the subspecialty of medicine, I think the healthier that practice is going to be.

David Mandell:

Yeah, for sure. We've been to the beginning of 25, 30 years now, shipping away sometimes at a residency program, never in a medical school, but sometimes fellowship. Oh, we'll come in and do a talk on personal finance at

least. But there's definitely I think an improvement that needs to happen. I think spending 99% of the time on a clinical for training and adding 1% on business and finance would probably, you're doing the docs a favor and maybe that's even 5% should be there. So that's great advice and we're trying to do our small part and all of that. So Cynthia, so thank you so much for being on, really valuable and great conversation. I know you and I will continue to do things offline, so thanks for being on.

Cynthia Matossian:

Thank you for inviting me. I really enjoyed this discussion with you, David, and thank you for being part of GPOpho and for continuing to educate our community of doctors about the importance of finance in their lives.

David Mandell:

Yeah, yeah, we're going to continue to do that. Thank you. And for everybody watching and listening, thanks for tuning in. Again, as always, another two weeks we'll have another episode. And if you feel so inclined, give us a five-star review and whatever platform you watch us, leave a comment, et cetera. And if you're a physician who has some interesting things you want to talk about, feel free to contact me. We're in season six, always looking for new guests, and so just reach out by email. Thanks again for tuning in.