

Nicole Mayeda, Psy.D.

Licensed Clinical Psychologist CA26451 & OR3545
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Good Faith Estimate

Dr. Mayeda, 2022

Under Section 2799B-6 of the Public Health Service Act, health care providers and health care facilities are required to provide a good faith estimate of expected charges for items and services to individuals who are not enrolled in a plan or coverage or a Federal health care program, or not seeking to file a claim with their plan or coverage.

This Good Faith Estimate shows the costs of items and services that are reasonably expected for your health care needs for an item or service. It is based on information known at the time the estimate was created. This good faith estimate is based on 52 meetings in one year (52 weeks). **This amount reflects the maximum out of pocket costs for once-a-week meetings in this calendar year (although holidays, vacations, etc. are usual).**

The Good Faith Estimate is not a contract between provider and client and does not obligate or require the client to obtain any of the listed services from the provider.

Total Expected Psychotherapy Charges

The following is a detailed list of expected charges for each type of service. The estimated costs are valid for 12 months from the date of the Good Faith Estimate.

Individual Psychotherapy (50 mins) Annual Session Fee Maximum: \$10,920.00
(based on 52 weeks x \$210.00 = \$10,920.00)

Couples Therapy (50 mins) Annual Session Fee Maximum: \$10,920.00
(based on 52 weeks x \$210.00 = \$10,920.00)

Family Therapy (50 mins) Annual Session Fee Maximum: \$10,920.00
(based on 52 weeks x \$210.00 = \$10,920.00)

Other Charges

Throughout your treatment, the provider may recommend additional items or services as part of your treatment that are not reflected in this estimate. These would need to be scheduled separately with your consent and the understanding that any additional service costs are in addition to the Good Faith Estimate.

I charge the therapy hourly rate of \$210 (prorated) for all other services (except for court related services) such as: phone calls over 15 minutes; attending meeting(s) with other professionals that you have authorized; preparation of records or treatment summaries; administration for time spent performing any other services you may request of me.

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Disclaimer

The Good Faith Estimate does not include any unknown or unexpected costs that may arise during treatment. You could be charged more if complications or special circumstances occur.

Please contact me with any questions, and in the case of any discrepancies between your GFE and billed charges. You can ask for an updated bill to match the Good Faith Estimate, ask to negotiate the bill, or ask if there is financial assistance available.

You may also start a dispute resolution process with the U.S. Department of Health and Human Services (HHS). If you choose to use the dispute resolution process, you must start the dispute process within 120 calendar days (about 4 months) of the date on the original bill.

There is a \$25 fee to use the dispute process. If the agency reviewing your dispute agrees with you, you will have to pay the price on this Good Faith Estimate. If the agency disagrees with you and agrees with the health care provider or facility, you will have to pay the higher amount.

To learn more and get a form to start the process, go to www.cms.gov/nosurprises or call HHS at (800) 985-3059.

For questions or more information about your right to a Good Faith Estimate or the dispute process, visit www.cms.gov/nosurprises or call (800) 985-3059.

Keep a copy of this Good Faith Estimate in a safe place or take a picture of it. You may need it if you are billed a higher amount.

Provider Information

Provider name: Nicole Mayeda, Psy.D.

Provider/facility type: Private Practice / Telehealth

OR address (primary): 3407 S. Corbett Ave, Portland OR 97239

CA address (secondary): 22 Battery St. #426, San Francisco CA 94111

Phone: 415-735-0029

Email: dr.nmayeda@gmail.com

National Provider Identifier (NPI): 1619292729

Taxpayer Identification Number (TIN): 47-3726288