

Naomi Mayo Counseling, LLC
1113 June Street, Hood River, OR 97031
(541)-566-6296

GOOD FAITH ESTIMATE

Date of estimate: _____

Patient:

Provider:

Name: Naomi Mayo
License number: L6858
NPI: 1104251362
Tax ID: 86-3187760

Name:
DOB:
Address:
Phone:
Primary diagnosis:
Secondary diagnosis:

Service Locations:

1113 June Street, Hood River OR
Telehealth

Services Requested:

Psychiatric evaluation (90791) -- \$200
Individual psychotherapy (90837) -- \$150
Family psychotherapy (90847) -- \$150

Under the new Federal “No Surprises Act”, you are entitled to receive this “Good Faith Estimate” of what the charges could be for psychotherapy services provided to you. While it is not possible for a therapist to know in advance how many visits may be necessary for a given person, this form provides an estimate of the cost of services provided. Your total cost of services will depend upon the number of therapy visits you receive, your individual circumstances, and the type and amount of services that are provided to you. This estimate is not a contract and does not obligate you to obtain any of the listed services from the provider. This estimate is not a treatment plan.

All clients engaging in therapy must have an initial psychiatric assessment. The number and frequency of the ensuing therapy visits varies from client to client. The number of visits that are appropriate in your case, and their estimated cost for those services, depends on your needs, preferences, and what you agree to in consultation with your provider. Your provider may recommend additional services as part of your treatment that are not reflected in this estimate.

Duration	Frequency		
	Weekly	Every other week	Monthly
1 month	\$600	\$300	\$150
3 months	\$1,800	\$900	\$450
6 months	\$3,600	\$1,800	\$900
9 months	\$5,400	\$2,700	\$1,350
1 year	\$7,200	\$3,600	\$1,800

You have a right to initiate a dispute resolution process if the actual amount charged to you substantially exceeds the estimated charges stated in your Good Faith Estimate, with “substantially” defined as \$400 or more beyond the estimated charges. You are encouraged to speak with your provider at any time about any questions you may have regarding your treatment or the information provided to you in this Good Faith Estimate.