

Total Estimated Cost of what you may be asked to pay:

[The amount below is only an estimate; it isn't an offer or contract for services. This estimate shows the full estimated costs of the items or services listed. It doesn't include any information about what your health plan may cover. This means that the final cost of services may be different than this estimate.

Contact your health plan to find out how much, if any, your plan will pay and how much you may have to pay.]

Gross Estimate = \$650 for initial eval visit, \$500 for 2nd eval visit. \$300 for 25 minute visits thereafter, most often required 2-3 weeks after starting a medication, and then every 4 weeks after this for first several months. If stable and without necessary interventions and/or medication changes, frequency of visits may be gradually extended to every 2 months, and then once every 3 months. If requiring multiple medication changes and/or interventions, will likely require more frequent visits, and/or longer visits. 45 minute visits instead of 25 minute visits = \$425. 60 minute visits = \$500.

Average evaluation = \$1150 (\$650 + \$500) for two visit evaluation over the course of two weeks, then two 45 minute visits over the course of a month (\$425 x2 = \$850), then one 25 minute visit monthly thereafter if doing well (\$300 x 11 = \$3300) = \$5300 for 12 months.

You may require longer, or more frequent follow up visits and your cost would be more. You may require less frequent visits than this and your cost would be less. If only one visit is sufficient to complete evaluation, your total evaluation cost will be \$650, rather than \$1150.

If you are scheduled for a 25 minute visit but you require, and Dr. Mendel is able to accommodate a longer visit, you will be charged for the longer visit. Conversely, you will be charged for the length of visit you are scheduled for even if you need to leave early or choose not to use the entire time as this time has still been reserved in Dr. Mendel's schedule for you.

In addition, you will be charged the full fee for missed appointments that are not canceled within 24 hours of appointment time. (There is a half fee charge if cancelled less than 48 hours Monday - Friday, but more than 24 total hours). This may also affect your GOOD-FAITH ESTIMATE.

Disclaimer:

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. The estimate is based on information known at the time the estimate was created.

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. If this happens, federal law allows you to dispute (appeal) the bill.

If you are billed for more than this Good Faith Estimate, you have the right to dispute the bill.

-- Review your detailed estimate.

Refer to, or request, your Individualized Good Faith Estimate for a cost estimate for each item or service you'll get.

-- Call your health plan.

Your plan may have better information about how much you will be asked to pay. You also can ask about what's covered under your plan and your provider options.

-- Questions about this notice and estimate?

Contact Dr. Mendel - leave a voicemail at

781-472-1477; email MarisaMendelMD@gmail.com (not HIPAA compliant/secure so do not leave clinical information) or message through patient portal.

-- Questions about your rights?

visit: <http://www.cms.gov/nosurprises>

Prior authorization or other care management limitations

Dr. Mendel is not in network with your insurance company, (or you have Blue Cross Blue Shield Insurance but have elected to not allow Dr. Mendel to submit claims on your behalf to your insurance company).

(1) It is her policy that all communication with your insurance company be completed by the patient. Therefore, Dr. Mendel will not communicate with your insurance company to complete a prior authorization or agreement related to your obtaining care from Dr. Mendel. You will be expected to pay for services rendered in full at the time of service, and will be provided with a "Super Bill" following your payment. It is up to the patient to submit this to their insurance company, themselves, if they wish to obtain any possible reimbursement. Your individual insurance plan and coverage will determine how much, and if any, reimbursement you may be eligible for.

(One exception to this rule is if a prior authorization is required for a specific medication which Dr. Mendel is prescribing, she may choose to apply for a prior authorization for this medication on the patient's behalf, within reason. However, this is limited only to medications and not to types of services rendered or obtained.)

(2) Except in an emergency, your health plan may require prior authorization (or other limitations) for certain items and services. This means you may need your plan's approval that it will cover an item or service before you get them. If prior authorization is required, ask your health plan about what information is necessary to get coverage.]

More information about your rights and protections

Visit <http://www.cms.gov/nosurprises> for more information about your rights under federal law.

By signing, I give up my federal consumer protections and agree to pay more for out-of-network care.

With my signature, I am saying that I agree to get the items or services from (select all that apply): *

Dr. Marisa Mendel,
Marisa Mendel MD
PLLCC