

Maribeth Ekey, Psy.D.
License #: PSY 9488
(714) 992-0627

2228 N. State College Blvd
Fullerton, CA 92831

Good Faith Estimate
(effective July 15, 2023)

You are entitled to receive this Good Faith Estimate of what the charges could be for psychotherapy services provided to you.

My standard fee is \$220 for a 45-minute session and \$290 for an hour session. I do not accept—or generate bills for—insurance. I accept payments at the end of every session or monthly. I see clients at least once a week and charge for missed sessions. However, if you give me at least 48-hours cancellation notice, I will try to reschedule your missed session.

That means your typical monthly cost would be \$880/month or \$1,100/month for 45-minute sessions, depending on whether there are 4 or 5 sessions in the month. Or, for hour-long sessions, \$1160/month or \$1450/month, respectively. With some clients, we will agree to increase sessions to more than one time per week (e.g. 2-4 times per week). In that case the cost will increase proportionately. (My fees increase annually \$5-\$10 per session.)

There is no upfront commitment. You are not locked into a certain number of sessions. You are free to end our sessions at any time that you want or need to. I cannot predict the course of your therapy. Clients may continue in therapy for weeks, months, or years. But typically you will stay in therapy as long as you are pleased with the benefits you are receiving in symptom reduction and/or in self-awareness and in increased sturdiness and well-being.

Regarding extra services, I charge \$220 per 45 minutes prorated for any extra time you may need/want, e.g. phone contact between sessions. (I charge \$480 per hour for legal fees such as deposition, testifying and report writing. The same rate applies to travel time, time waiting at a venue, and all preparation time. See client-therapist agreement for details.)

I do not accept or bill insurance. If you plan to bill insurance, you will need to use another provider, perhaps using your insurance company's list of providers. Also, I have opted out of Medicare; thus Medicare will not cover my services.

If you believe you are unfairly billed (billed in excess of this Good Faith Estimate), you have the right to dispute the bill. You may call 1-800-985-3059. You may want to keep a copy of this Good Faith Estimate in a safe place or take pictures of it in case you need to dispute my bill. (You can also talk with me about perceived unfairness. I really care about being fair and also that you feel treated with fairness and dignity.)

I acknowledge that I have read the above information, have had an opportunity to ask questions, and I agree to engage in the services listed above.

Patient Signature: _____ Date: _____