

# Anna Lively, MS, LMHC, NCC, CCMHC

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FEIN# 46-2001122

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## Good Faith Estimate

Effective January 1, 2022, a ruling went into effect called the "No Surprises Act" which requires practitioners to provide a "Good Faith Estimate" (GFE) about out-of-network care. The Good Faith Estimate works to show the cost of items and services that are reasonably expected for your health care needs for an item or service, a diagnosis, and a reason for therapy. 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 and will be provided a new "Good Faith Estimate" should this occur. If this happens, federal law allows you to dispute (appeal) the bill if you and your therapist have not previously talked about the change and you have not been given an updated good faith estimate.

Under Section 2799B-6 of the Public Health Service Act (PHSA), health care providers and health care facilities are required to inform 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 both orally and in writing of their ability, upon request, or at the time of scheduling health care items and services to receive a "Good Faith Estimate" of expected charges. Note: The PHSA and GFE does not currently apply to any clients who are using insurance benefits, including "out of network benefits" (i.e., submitting superbills to insurance for reimbursement). You may plan to use your insurance benefits to pay for services, however, in the event that your insurance company fails to pay or denies services, it is ultimately the client's responsibility for any uncovered expenses, and therefore this GFE is provided accordingly.

Timeline requirements: Practitioners are required to provide a good faith estimate of expected charges for a scheduled or requested service, including items or services that are reasonably expected to be provided in conjunction with such scheduled or requested item or service. That estimate must be provided within specified timeframes:

- If the service is scheduled at least three business days before the appointment date, no later than one business day after the date of scheduling;
- If the service is scheduled at least 10 business days before the appointment date, no later than three business days after the date of scheduling;
- If the uninsured or self-pay patient requests a good faith estimate (without scheduling the service), no later than three business days after the date of the request.

A new good faith estimate must be provided, within the specified timeframes if the client reschedules the requested item or service.

## Common Services provided by Anna Lively, LMHC (LivelyTherapy)

- 90791: Initial therapy intake
- 90837: Ongoing therapy appointments
- 90847: Family/Couples appointments

**Common Diagnosis Codes used:**

Below are common diagnosis codes used by Anna Lively, LMHC; however, the list is not exhaustive. With that said, diagnosis codes can change based on many factors. Please speak to your therapist with any questions or concerns.

Adjustment Disorder (F43.20/F43.22/F43.23); Mental Disorder, Not Otherwise Specified (F99); Depression (F32.9/F33.1/F33.41) ; Anxiety (F41.1/F41.9/F41.0); Bipolar (F31.81/F31.9); PTSD/Post Traumatic Stress Disorder (F43.10)

Every client's therapy journey is unique. How long you will need to engage in therapy and how often you attend sessions will be influenced by many factors including:

- Your schedule and life circumstances
- Therapist and client availability
- Ongoing life challenges and environmental stressors
- Personal finances, including insurance coverage
- The nature of your specific challenges, length of time you've experienced the challenges and how you address them

We will work together to determine the optimal schedule for you (which may change during your therapy journey), we will discuss when you have met your goals and are ready for discharge and/or a new "Good Faith Estimate" may be issued at your request should your frequency or needs change.

**Where services will be delivered:**

At this time, I provide exclusively telehealth in my practice; all benefits quoted as virtual.

Your therapy will be provided by Anna Lively, LMHC, NCC, CCMHC

Business Mailing Address: Post Office Box 752, Balm, FL 33503

NPI1: 12255758736/ NPI2: 1982107462 / Tax ID: 46-2001122

**Client Info: (To be completed by the client)** (Please enter your information below)

Name (First Middle Initial Last): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Client Diagnosis:**

For ethical, legal and insurance reasons, as well as in accordance with the "No Surprise Act," I am required to provide a diagnosis for all clients.

**Your Good Faith Estimate Diagnosis is:**

Primary Diagnosis: Z73.3 - Stress not elsewhere specified

Secondary Diagnosis: F99 - Mental Health Disorder, Not Otherwise Specified

**This GFE diagnosis is only to satisfy the federal requirement for this form and may be different than as submitted with any insurance claims filed. This is not a formal psychological diagnosis.**

A formal diagnosis occurs after an assessment has been completed. That will take place 1-5 sessions after beginning psychotherapy. You may request an updated GFE with a formal diagnosis at any time during your therapy journey.

If you choose to decline a formal diagnosis, we will not update this GFE. It is within your rights to decline a diagnosis per state and federal guidelines.

**Primary Service or Item Requested/Scheduled (please check one)**

\_\_\_ Individual Therapy (18+) (\$165.00 / \$110.00)

\_\_\_ Couples Therapy (\$180.00 / \$125.00)

\_\_\_ Family Therapy (\$200.00 / \$145.00)

**Your Financial Responsibility Summary**

For this good faith estimate: the amount you would owe if you were to attend therapy for 52 sessions in a year (weekly, without skipping any weeks for holidays, break, vacation, unplanned events/sickness, etc.). The "Good Faith Estimate" requires practitioners to provide an exact estimate and not a range.

**Out of an abundance of caution and transparency, this Annual Cost Estimate is quoted for weekly appointments. Please discuss with your therapist circumstances that may change this GFE.**

Your Annual Cost Estimate should you pay privately for services:

Individual: \$5,775.00

Couples: \$6,555.00

Family: \$ 7,595.00

**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. You may contact the health care provider or facility listed to let them know the billed charges are higher than the Good Faith Estimate. You can ask them to update the 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](http://www.cms.gov/nosurprises) or call 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](http://www.cms.gov/nosurprises) or call 800-985-3059. Keep a copy of this Good Faith Estimate in a safe place.

I acknowledge that I have read the above information, have had an opportunity to ask questions, and I agree to engage in the service(s) listed above

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date