

LIVELY MENTAL HEALTH  
KAYA WYNN, LICSW LICENSED INDEPENDENT CLINICAL SOCIAL WORKER  
License: LW 61374691, NPI 1346797172

### Good Faith Estimate for Health Care Items and Services' Under the No Surprises Act

The purpose of this document is to inform clients and/or their families about their protections from unexpected medical bills.

Provider National Provider Identifier (NPI) number for Kaya Wynn, LICSW 1346797172  
Unified Business ID #: 605293460 for Lively Mental Health

Below is a list of services that I bill for, along with rates:

90791: 50-minute Initial Session (\$225)  
90834: 50-minute individual Psychotherapy session (\$200)  
90847: 50-minute Family Psychotherapy, conjoint psychotherapy or Couple Counseling (\$225)

Other clinical services (care coordination, report writing, etc.): \$200 per hour, prorated in 15-minute increments if I work for periods of less than 1 hour, rounded to the nearest 15-minute increment.  
School Visits for Observation, IEP or 504 Plan meetings (in-person at site \$250 per 50 minutes, virtual \$200 per 50 minutes, both prorated in 15-minute increments if I work for periods of less than an hour, rounded to the nearest 15-minute increment)

I am not able to identify a diagnosis or propose an appropriate course of treatment until clients and/or their families and I have spent some time together. As soon as I am able to identify an appropriate diagnosis and course of treatment, however, I will share that information. I will also attempt to discuss any changes in my clinical judgments on diagnoses and/or appropriate courses of treatment as they arise.

Typically, depending on diagnosis and progression of therapy, clients and/or their families see me for an initial intake session followed by 12-16 sessions (total = \$2,425-\$3,225). Occasionally families see me just for one intake (total = \$225) or for a more brief, targeted intervention lasting 4-12 sessions (total = \$825-\$3,225). Rarely but sometimes, families continue to see me weekly during a calendar year (total = \$9,625).

As described in the Agreement and Informed Consent for Treatment, once an appointment is scheduled, payment is expected unless I am provided at least 48 hours advance notice of cancellation.

Additional services may be recommended. This estimate of costs is only an estimate, and the actual charges may differ. Clients and/or their families have the right to initiate the patient-provider dispute resolution (PPDR) process if the charges actually billed substantially exceed the expected charges in this estimate. To begin the PPDR, contact me in writing to dispute the bill. If clients and/or their families dispute the bill, I cannot take or threaten to take any retributive action against clients and/or their families for disputing the bill.

Clients and/or their families may also start the PPDR process with the U.S. Department of Health and Human Services (HHS). If they choose to use the PPDR process, the dispute process must be started within 120 calendar days (about 4 months) of the date on the original bill. There is a \$25 fee to use the dispute process through HHS. I do not charge any fees for contacting me to initiate the PPDR process. If the Selected Dispute Resolution (SDR) entity reviewing the dispute agrees with the client and/or their families, they will have to pay the price on this Good Faith Estimate, reduced by the \$25 fee in the case that the client and/or their families disputed the bill through HHS. If the SDR entity disagrees with the client and/or their families and

agrees with me, the client and/or their families will have to pay the higher amount.

This estimate of costs is not a contract and does not obligate clients and/or their families to obtain clinical services from me. The estimated costs are valid for 12 months from the date of this Good Faith Estimate. Clients and/or their families should discuss any questions about this Good Faith Estimate as soon as possible.

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Signature

Date