

Good Faith Estimate

Dear current and prospective clients,

In compliance with the No Surprises Act that went into effect January 1, 2022, all healthcare providers are required to notify clients of their Federal rights and protections against “surprise billing.”

This Act requires that I notify you of your federally protected rights to receive a notification when services are rendered by an out-of-network provider, if a client is uninsured, or if a client elects not to use their insurance.

Additionally, I am required to provide you with a Good Faith Estimate of the cost of services (see attached standard “2022 Table of Services and Fees”). It is difficult to determine the true length of treatment for mental health care, and each client has a right to decide how long they would like to participate in mental health care. Therefore, you will find a fee schedule for the services I offer. I will collaborate with you on a regular basis to determine how many sessions you may need.

It is a Federal requirement that I inform each client of their protections under the No Surprises Act. This document is one of several avenues that I am using to inform clients. If you have any additional questions, please don’t hesitate to ask.

Joy to you!

Taylor Neilly

Within Therapy, LLC

Registered Clinical Social Work Intern (ISW16870)

Email: taylor@gowithintherapy.com

Call or Text: (904) 501-5134

2022 Table of Fees and Services

Please note that Place of Service (in office vs. telemental health) charges are identical.

Service Code (CPT Code)	Description	Fee for Service
90791	Initial Appointment, Intake, and Diagnostic Assessment	\$100
90837	Psychotherapy, 53-60 minutes	\$100
90846	Family and Couples Sessions without client present, 53-60 minutes	\$100
90847	Family and Couples Sessions with client present, 53-60 minutes	\$100
98966-98968	Telephone Assessment & Management	\$2.00/minute on calls that exceed 15 minutes in duration
98970-98972	Online Digital Evaluation & Management (Responding to emails & Text Messages)	\$2.00/minute on texts and emails that exceed 15 minutes in duration
Session Cancellation & Rescheduling Fee	With the exception of emergencies, I require a 24-hour notice for session cancellation and/or reschedule. If the client is feeling ill, the client can request their session via a HIPAA compliant telehealth platform.	Client Responsible for the Full Fee of Missed Appointment: \$100
Production of Records	Florida Statute 395.3025	May not exceed \$1 per page. A fee of \$1 may be charged for each year of records requested
Returned Checks	Any checks returned for any reason for special handling.	\$25/check
Total Estimate	This Good Faith Estimate explains your therapist's rate for each service provided. I will collaborate with you to determine how many sessions and/or services you may need to receive the greatest benefit based on your presenting symptoms, concerns, and goals.	



Taylor Neilly
MSW, RCSWI

If you believe you've been wrongly billed, you may contact:

(1) Taylor Neilly, owner of Within Therapy, LLC by calling (904) 501-5134 or emailing: taylor@gowithintherapy.com

(2) Michelle Mcglamery, LCSW, Taylor Neilly's Clinical Supervisor, by calling (770) 262-6950 or emailing: chelbymac@yahoo.com

(3) The Florida Board of Health: The Health Care Complaint Portal allows consumers to file a complaint with the appropriate state agency. You will be asked a series of questions to help identify the nature of your complaint. After you have answered all of the questions, you will see a summary page with instructions on how to file your complaint. Visit <https://mqa-flhealthcomplaint.doh.state.fl.us>

For more information about your rights under the "No Surprises Act" Federal law, you may also visit: <https://www.cms.gov/files/document/model-disclosure-notice-patient-protectionsagainst-surprise-billing-providers-facilities-health.pdf>

BY ELECTRONICALLY SIGNING THIS DOCUMENT, I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.