

Good Faith Estimate of Expected Charges

Marley Nutrition and Fitness LLC

Group NPI: 1861028920 | Tax ID / EIN: 83-4213366

Contact: Marley Carnes, RDN, Owner

nutrition@marleynutrition.com | 469-300-1392

Practice locations

Frisco: 6136 Frisco Square Blvd, Ste 400, Frisco, TX 75034-3251

Prosper: 1855A Wesley Drive, Prosper, TX 75078-7918

Patient full name	Date of birth
Patient mailing address / email / phone	Date estimate issued
Assigned treating dietitian (or not yet assigned)	Individual NPI, if applicable
Selected service location / telehealth patient state	Appointment date(s) or not yet scheduled
Diagnosis and ICD code(s), if determined	Estimate period: start - end

For recurring care, specify frequency and total visits; period may not exceed 12 months.

Itemized expected charges

Service / item	Service code(s)	Visits	Rate (\$)	Total (\$)
Nutrition visit - 60 minutes			125.00	

Visit frequency / plan details	TOTAL ESTIMATED CHARGES (\$)

Complete totals manually. Additional services require itemized charges or an attachment.

Included services / additional notes

Estimate details and your rights

Separately scheduled services

Separate Good Faith Estimates will be provided upon scheduling or request for the services listed below. Their provider names, identifiers, diagnosis and service codes, and expected charges will be included in those separate estimates. Contact our office for services we provide, or contact the other provider directly using the information below.

Services / provider contact / how to obtain estimate (enter None if none anticipated)

About this estimate

This estimate lists services and charges reasonably expected based on information available when it was prepared. Actual services or charges may differ. Unknown or unexpected costs, such as complications or special circumstances, are not included. Additional recommended services that must be scheduled or requested separately may not be reflected here. This estimate is not a bill or a contract and does not require you to receive services from any listed provider.

If your bill is higher than this estimate

If billed charges from a provider or facility are **at least \$400 above that provider's or facility's estimated charges**, you may qualify for the federal patient-provider dispute resolution process. You may first contact us to request a correction, discuss the bill, negotiate charges, or ask about financial assistance.

To start a federal dispute, submit your request **within 120 calendar days of the date on the original bill**. Visit www.cms.gov/nosurprises/consumers for instructions and the dispute form, call **1-800-985-3059**, or email FederalPPDRQuestions@cms.hhs.gov. The administrative fee is \$25. The independent reviewer determines the amount you owe; if the decision is in your favor, the fee is credited against the amount owed.

Starting a dispute will not adversely affect the quality of your care. While the federal dispute is pending, the provider or facility may not move the disputed bill into collections or threaten to do so, must stop existing collection efforts on that bill, and must suspend late fees on unpaid amounts. The provider or facility may not retaliate against you for disputing the bill.

Keep both pages and any attachments. You may need this estimate if you receive a higher bill. Contact Marley Carnes, RDN, Owner, at nutrition@marleynutrition.com or 469-300-1392 with questions about this estimate.