

Marilu Navarro, LMFT

TX LMFT #205901 | CA LMFT #147099 | NPI 1689073074

802 W. Center St, Kyle, TX 78640

(512) 823-1610

info@marilunavarrotherapy.com

www.marilunavarrotherapy.com

Good Faith Estimate of Expected Charges

Issued under the No Surprises Act · 45 CFR §149.610 · Effective January 1, 2022

Your Right to a Good Faith Estimate

You have the right to receive a Good Faith Estimate explaining how much your medical and mental health care will cost. Under the law, health care providers need to give patients who don't have insurance or who are not using insurance an estimate of the expected charges for medical services, including psychotherapy services. You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency healthcare services, including psychotherapy services. You can also ask your healthcare provider, and any other provider you choose, for a Good Faith Estimate before you schedule a service. If you receive a bill that is at least \$400 more than your Good Faith Estimate, you can dispute the bill. Make sure to save a copy or picture of your Good Faith Estimate.

Section 1 — Client Information

Client Name: _____

Date of Birth: _____

Address: _____

Phone Number: _____

Email Address: _____

Date of Estimate: _____

Section 2 — Provider Information

Provider Name: Marilu Navarro, LMFT

License: TX LMFT #205901 | CA LMFT #147099

NPI Number: 1689073074

Business Address: 802 W. Center St, Kyle, TX 78640

Phone: (512) 823-1610

Email: info@marilunavarrotherapy.com

Service Delivery: Telehealth (secure video) — Texas & California

Section 3 — Services & Estimated Costs

Individual Psychotherapy	90837	60 min	\$165.00	_____	\$_____
Individual Psychotherapy	90834	45 min	\$140.00	_____	\$_____
Individual Psychotherapy	90832	30 min	\$110.00	_____	\$_____
Couples/Family Therapy	90847	60 min	\$190.00	_____	\$_____
Initial Intake / Assessment	90791	60 min	\$175.00	_____	\$_____
EMDR – Individual	90837+	60 min	\$165.00	_____	\$_____
Phone/Video Check-In	99442	20 min	\$75.00	_____	\$_____

TOTAL	\$_____
ESTIMATE:	—

* Costs listed are per session. Actual number of sessions varies by individual need and is determined collaboratively. This estimate covers a period of **12 months** from the date above.

Section 4 — Insurance & Payment Information

Marilu Navarro, LMFT is in-network with the following insurance plans: **Aetna, Blue Cross Blue Shield TX, Cigna, Cigna EAP, Lyra EAP, Evernorth**. If you are using insurance, your actual out-of-pocket cost will depend on your specific plan, deductible, and copay. Contact your insurance carrier to verify your mental health benefits before your first session.

Insurance Status

In-Network Insurance Out-of-Network / Superbill Self-Pay EAP

Insurance Carrier

Member ID / Group #

Copay / Coinsurance

Deductible (remaining)

Section 5 — Sliding Scale & Financial Assistance

A limited number of sliding-scale spots are available for clients who demonstrate financial need. Sliding-scale fees are determined on a case-by-case basis. To inquire, please contact info@marilunavarrotherapy.com before your first session. Sliding-scale availability is not guaranteed.

Section 6 — Client Acknowledgment & Signature

By signing below, I acknowledge that I have received this Good Faith Estimate and understand that: (1) this is an estimate only and actual charges may vary; (2) I have the right to dispute a bill that exceeds this estimate by \$400 or more; (3) this estimate does not constitute a treatment agreement or guarantee of services.

Client Signature: _____

Date: _____

Printed Name: _____

Provider Signature: _____

Date: _____

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For questions about this estimate, contact us before your appointment. To dispute a bill, visit [cms.gov/nosurprises](https://www.cms.gov/nosurprises) or call 1-800-985-3059.