



## Office and Payment Policy

Welcome to my practice! I look forward to helping you reach your health and nutrition goals. Please review the policies below and sign acknowledgement.

### Consultations

Typical session lengths are 60-minutes for Initial Consultations and 30-minutes for follow-ups.

### Insurance Payments

Laurie McDonald Nutrition, LLC will verify my coverage and bill my insurance carrier on my behalf. However, I am ultimately responsible for payment of my bill.

I agree that I will pay any deductible and co-payment or co-insurance as determined by my insurance plan. Those payments will be due at the time of service. Many insurance companies have additional requirements or stipulations that may affect my coverage. I am responsible for any amounts not covered or payable by my insurance. If my insurance denies any part of my claim, I agree to be responsible to pay the full balance. I understand that I am obligated to ensure that my fees are paid in full.

### Cancellations

I agree to keep all scheduled appointments and be on time. If I cannot attend a scheduled session, I will call to cancel and/or reschedule. There will be no fee if phone message or conversation is received before 24 hours of the scheduled appointment time. I understand if I miss or cancel with less than 24 hours of notice, then I will be charged \$30 for the appointment.

### Payment

Payment can be made by cash, HSA or credit card.

### Signature on File Authorization

By signing this statement, I am authorizing Laurie McDonald Nutrition, LLC to complete any necessary insurance claim forms on my behalf. I am also authorizing the release of any medical or other information which may be needed in order to process my claims.

My signature will be kept on file and shall be referred to when insurance claim forms are submitted for healthcare services I have received.

Note: if you are incapable of signing, or are under the age of 18, a parent or legal guardian must sign in your place.

My signature below indicates I have read the above policies and understand them.

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

Date \_\_\_\_\_