



### Patient Payment Policy

Insurance coverage is usually dependent on medical diagnoses and varies between insurance companies and among individual policies within any given insurance company. Typically, medical diagnoses such as diabetes, high cholesterol, high blood pressure, eating disorders, anemia, gastrointestinal problems and nutritional deficiencies etc. are covered by insurance. Weight management, general nutrition counseling for health and wellness, disease prevention and sports nutrition are not always covered by insurance unless there is an accompanying medical diagnosis.

**It is ultimately the patient’s responsibility to contact his/her insurance company to determine if services will be covered. You will be responsible for any balance not covered by insurance.**

At this time, Coastal Family Nutrition is a preferred provider with Anthem Blue Cross and Blue Shield of New Hampshire, Harvard Pilgrim Health, Cigna and United Health Care.

If Coastal Family Nutrition does not participate in your insurance company’s provider network, you will be required to pay at the time of service, but we are happy to provide a paper “superbill” containing all necessary billing codes and information for you to submit to your insurance company. Often insurance companies will provide patients with a least partial payment when a “superbill” or claim is submitted. **It varies between plans, so it is always recommended that you check with your insurance company to be sure of your coverage.**

Many flexible health benefit plans (or health savings accounts) do cover Nutrition Therapy and can be used for part or all of your payment.

**Cancellation Policy: Sometimes, due to unforeseen circumstances, an appointment needs to be cancelled. Because this time is saved for you, please give 24 hrs. notice when possible. If 24 hr. notice is not given, a \$50 cancellation fee will be charged. This fee will be waived once during a 1-year period.**

**Co-payments are due at the time of service (we accept cash, checks and Visa/MasterCard).**

- I have read, understand, and agree to the above Payment Policy. I understand that charges not covered by my insurance company, as well as applicable copayments and deductibles, are my responsibility.*
- I authorize my insurance benefits be paid directly to **Coastal Family Nutrition**.*
- I authorize **Coastal Family Nutrition** to release pertinent medical information to my insurance company when requested, or to facilitate payment of a claim.*

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Date	Signature	Printed Name
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9/2017