



### Patient Payment Policy and Insurance Release Form

Please fill out the following information as applicable.

Patient Name: \_\_\_\_\_ Parent/Guardian name: \_\_\_\_\_

(check one for patient) I have health insurance: \_\_\_\_ I do not have health insurance: \_\_\_\_

Primary Care Physician: \_\_\_\_\_

Health Insurance: \_\_\_\_\_

Policy number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Subscriber name: \_\_\_\_\_ DOB of subscriber: \_\_\_\_\_

Referred by: \_\_\_\_\_

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, United Health Care, New Hampshire Healthy Families and Wellsense.

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, and we are happy to provide a paper "superbill" (a medical services receipt) 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:** We understand that sometimes, due to unforeseen circumstances, an appointment needs to be cancelled or rescheduled. Because this time is saved specifically for you, please give at least 24 hour's notice when needing to change or remove an appointment. If you are unable to give at least 24 hour's notice, a \$50 cancellation fee will be charged to you. This fee may be waived once during a 1-year period. We appreciate your cooperation and adherence to this policy.

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

- *I understand and authorize my private insurance and/or New Hampshire Medicaid to be billed for services and will be billed upon the cost of services. I understand that reimbursement is based upon the terms of my specific coverage, including but not limited to my policy's limits, my insurance company, and my current eligibility.*
- *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.*

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_