



## Payment and Office Policies

### Consultations

Initial visits are 90 minutes. Follow up visits are 30 to 60 minutes. Please be on time for your appointment. Please have completed at your initial visit or emailed in advance, your completed patient forms and a three-day food record. All the forms are available at [www.nutritionnv.com](http://www.nutritionnv.com). If you have had any recent lab work done please have the results with you or have them emailed to [nutritionnv@outlook.com](mailto:nutritionnv@outlook.com).

### Payment

Payment for services will be collected at the time of services, unless other arrangements have been made in advance. Acceptable forms of payment include MasterCard, Visa, Cash and Checks. Assistance may be available for insurance claim forms for reimbursement through a superbill as Battle Born Nutrition is not currently accepting insurance. Assignment is accepted only from those insurance companies for which I am a provider. However, if your insurance company denies your superbill/coverage, you are financially responsible for the payment. If paying with check, you will be responsible for any additional charges accrued from a bad check.

Outstanding balances after 60 days will be sent to collection. When an account is sent for collection, you are responsible for an additional 35% fee on the balance.

### Insurance and Referrals

Insurance is not being accepted by Battle Born Nutrition at this time. If needed, a superbill can be provided to you. You can submit the superbill to your insurance company for reimbursement. Client is responsible for obtaining a referral if your insurance policy requires one. If you want to be seen without a referral, then you agree to self-pay for the visit. Please contact your insurance provider before we meet to ensure that you have the needed information for reimbursement.

### Cancellations

There is a 48 hour cancellation policy. Appointments that are cancelled within 48 hours of the scheduled appointment will be responsible for the payment of that appointment. The same fee applies if you do not cancel or do not show up for an appointment.

I have read, understand, and agree to these policies.

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