

Address: 894 E Boise Ave Boise, ID 83706

(p) 208.789.9664 (f) 208.567.8923

Website: IdahoWellnessClinic.com

Email: [IdahoNutrition@Outlook.com](mailto:IdahoNutrition@Outlook.com)

**Payment terms for Idaho Nutrition & Wellness Clinic**

*Idaho Nutrition and Wellness Clinic can bill insurance for massage and/or nutrition services.*

\_\_\_\_\_\_\_\_\_\_\_\_Initial Co-pays will be due at time of service.

\_\_\_\_\_\_\_\_\_\_\_\_Initial Idaho Nutrition and Wellness Clinic may bill patient directly for

services not covered or partially covered by insurance.

\_\_\_\_\_\_\_\_\_\_\_\_Initial The patient ultimately is responsible to notify the office of Idaho

Nutrition and Wellness Clinic for changes to the insurance on file.

\_\_\_\_\_\_\_\_\_\_\_\_Initial All patients will have 30 days from invoice date to submit payment in

full to Idaho Nutrition and Wellness Clinic.

\_\_\_\_\_\_\_\_\_\_\_\_Initial If patient does not submit payment after 30 days from initial date of

invoice a $50.00 late payment fee will apply in addition to invoice

amount.

I agree to the terms above. I understand that I am responsible for payment to Idaho Nutrition and Wellness Clinic for nutrition and/or massage services rendered if insurance does not pay or submits partial payment.

Name (print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_