Insurance Policies

I hereby authorize Porrazza Nutrition LLC to apply for benefits on my behalf for covered nutrition services rendered which includes Medical Nutrition Therapy. I certify that all information given in my paperwork is correct, and authorize the release of all information, including medical information, for this or other related claims. I understand that Porrazza Nutrition LLC allows 45 days for my insurance company to make payment. If my insurance company requests for more information, I will provide that information within 7 days. If I fail to respond within 7 days, I will be billed for all rendered services at the rate of $180/hour. I understand that Porrazza Nutrition LLC will not respond to secondary requests for additional information from my insurance company. I will be responsible for all nutrition services rendered upon such receipts of request. I understand that Porrazza Nutrition LLC will submit one appeal for each claim denied by my insurance company. If the claim is denied for a second time, I will be responsible for payment of services rendered within 30-days of invoice. I understand that my insurance company does not guarantee that my Medical Nutrition Therapy will be covered, and I will be responsible for payment of all services that are not covered. I understand that while Porrazza Nutrition LLC verifies benefits prior to a session, it is also my responsibility to confirm nutrition counseling benefits are covered by my insurance prior to my Dietitian sessions. I understand that if there are any changes to my medical insurance plan, I will notify Porrazza Nutrition in a timely manner and prior to any scheduled sessions. I understand that verifying nutrition counseling coverage does not guarantee insurance coverage. If payment is not received by my insurance and my invoice is past due, I understand that my account will be sent to collections.

INSURANCE Co-Payments

I understand that my insurance may require a copay. I understand that copays are due prior to my appointment. I understand that if my insurance company specifies a copayment on my EOB, that I will be billed for this amount by Porrazza Nutrition LLC. I understand that if I have an outstanding balance when I arrive for my appointment, the Dietitian reserves the right to refuse my appointment.

Payment Policies for Self-Pay Services | Non-Insurance Covered Services

Payment for service is due prior to attending my appointments. I understand that Porrazza Nutrition LLC reserves the right to offer discounts to self-paying clients and that these visits cannot be submitted to my insurance company by Porrazza Nutrition LLC. Payments can be made via credit card via the SimplePractice Client Portal or via check. I understand that if I have an outstanding balance when I arrive for my appointment, the Dietitian reserves the right to refuse my appointment. I understand that nutrition counseling is billed at $180 per hour and monthly health coaching is billed at $65 per month. I understand that these service prices may change, and updated pricing is available at www.porrazzanutrition.com. I understand the service I have chosen will be reflected in the invoice provided by Porrazza Nutrition LLC.

Failed Payments | Collections

If a check is returned, I will be billed a $15 fee and be required to pay prior to my next appointment. If my account is 90 days past due, I will be sent to a collection agency and will be responsible for all collections' fees in addition to Porrazza Nutrition LLC service fees.

Superbill Policies

I understand that being provided a superbill does not guarantee that my insurance company will cover Medical Nutrition Therapy. I understand that I will be responsible for payment of all services that are not covered. I understand that it is my responsibility to request a superbill from Porrazza Nutrition LLC.

Referrals for Services

It is my responsibility to obtain all referrals prior to each of my visits. If a referral is faxed, I will call the Dietitian to verify it was received.

No Show/Cancellation Policy

Once an appointment is scheduled, I am expected to pay out of pocket for the full fee, equivalent to that reimbursed for attended appointments, unless I provide 24 hours advanced notice of cancellation to Porrazza Nutrition LLC. I understand that cancellation notices can be made by calling 215-821-7045 and leaving a detailed voicemail (if there is no response) or by emailing the Dietitian at Felicia@Porrazzanutrition.com. I understand that if I cancel or reschedule my session without providing 24-hours' notice that I will be charged a fee of $15, which is not covered by my insurance. No refund is provided for late cancellations (or no shows) for out-of-pocket sessions.

Late Policy (Virtual)

If I do not respond to a call or video conference at the time of my appointment, I understand that the Dietitian will wait no longer than 10 minutes to officially cancel my appointment. At this time, I understand I may be charged a no-show or late cancellation fee of $15.

Telephone

I understand that if I need to call Porrazza Nutrition LLC, my voicemail will be returned within 2 business days.

Social Media & Telecommunication

I understand that due to the importance of confidentiality and the importance of minimizing dual relationships, friend or contact requests from current or former clients on any social networking site are not accepted. I am free to follow the public business Facebook page (Porrazza Nutrition).

Additional

I understand that it is my responsibility to notify Porrazza Nutrition LLC of any medical conditions, medications, or insurance changes in a timely manner. I understand that there is no guarantee of service outcome as related to my health goals and that I am fully responsible for my wellness accomplishments.

BY SIGNING BELOW, I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

Printed Name: _____ Signature: _____

Date of Signing Policies Document: _____