



Insurance Policies - I hereby authorize Porrazza Nutrition LLC to apply for benefits on my behalf for covered nutrition services rendered. 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. 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 it is my responsibility to verify nutrition counseling benefits that are covered by my insurance prior to my Dietitian 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. I understand that if I am an OnTrak member, progress notes with relevant goals are required to be submitted with claims for payment.

Payment (Self-Pay) - 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. I understand that I can submit claims to my insurance company and that they may deny my claims. Payments can be made via credit card via the SimplePractice Client Portal or via check. I understand that co-pays are due prior to my appointment. Porrazza Nutrition LLC will not bill me for co-pays. I understand that if I have an outstanding balance when I arrive for my appointment, the Dietitian reserves the right to refuse my appointment.

Referrals - 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.

Failed Payments and 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.

No Show/Cancellation Policy (Insured) - 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. The fee is the total of my co-payment plus insurance reimbursement. 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 it is my responsibility to notify Porrazza Nutrition LLC of any medical conditions, medications, or insurance changes. 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.

No Show/Cancellation Policy (Uninsured – Self-Pay) - Once an appointment is scheduled, I am expected to pay out of pocket for the full-established fee, unless I provide 24 hours advanced notice of cancellation. 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 it is my responsibility to notify Porrazza Nutrition LLC of any medical conditions, medications, or insurance changes. 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.

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 fee.

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).

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

Printed name: _____ Signature: _____ Date: _____