



1000 Heritage Center Circle, Round Rock, TX, 78664  
512-368-7257 (office) 512-377-9840 (fax)

### Insurance Assignment

- I certify that I, and/or my dependent(s) have insurance coverage and assign directly to Your Nutrition Guru all benefits, for services rendered. Your Nutrition Guru DOES NOT GUARANTEE that my insurance will pay my claim even if benefits are verified before the appointment.
- I further expressly agree and acknowledge that my signature on this document authorizes Your Nutrition Guru to submit claims for services rendered without obtaining my signature on each and every claim to be submitted for myself and/or my dependents, and that I will be bound by this signature as through the undersigned had personally signed the particular claim dated today or in the future until further notice has been expressed in writing.
- Your Nutrition Guru may use my health care information and may disclose such information to the insurance company(ies) and their agents for the purpose of obtaining payment for services and determining insurance benefits or benefits payable for related services.

### Financial Responsibility

- I understand that I AM FINANCIALLY RESPONSIBLE FOR ALL CHARGES whether or not paid by insurance, and I am responsible to pay my copayments/co-insurance at the time of my visit.
- I understand that I am responsible for late fees of \$10.00 per month for each month payment is not received as well as a finance charge of 1.5% per month of outstanding balance.
- I understand that after three months of an outstanding balance for which no payment has been received that my account will be turned over to a collection agency and I will be responsible for all fees instated by the collection agency or otherwise.
- I understand that if I am more than 15 minutes late for my appointment, Your Nutrition Guru reserves the right to reschedule the appointment and that I may be charged a \$25.00 fee.
- I understand that Your Nutrition Guru reserves the right to discontinue care at any time.
- I understand that there is a \$35 returned check fee charge.
- I understand that **cancellations must be made at least 24 hours before the appointment time** or I will be charged a \$25.00 fee. If I fail to show up for the scheduled appointment I will also be charged.

**I have read and I understand the Insurance Assignment and the Financial Responsibility for Your Nutrition Guru. I also understand that if I have any questions, I am able to speak to an associate or to Dr. Crim (if she is available) to answer my questions while I am in the office or by sending an email to [bcrim@yournutritionguru.com](mailto:bcrim@yournutritionguru.com).**

\_\_\_\_\_  
Signature of Patient or Patient Representative

\_\_\_\_\_  
Date