



## New Energy Nutrition

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### **Decline Insurance Coverage Policy**

By signing this form, I understand that I am declining the use of insurance coverage for past, current, and future nutrition counseling sessions with New Energy Nutrition.

I understand that since I am opting out of using insurance to cover nutrition counseling fees, I will be responsible for paying 100% of the nutrition counseling fees.

I understand that if I decide to pay out-of-pocket, I am eligible for the prompt pay discount of 5% per 15-minute unit billed for my nutrition counseling session. If I do not pay at the time of service, I understand I will not be eligible for the prompt pay discount and will need to pay the typical rate for nutrition counseling services which is \$40 per 15-minute unit billed.

Again, my signature below indicates that I have agreed to opt out of using insurance to cover the fees of my nutrition counseling sessions and any additional services from New Energy Nutrition for past, current, and future services. All services I receive from New Energy Nutrition will be paid out-of-pocket by myself and I accept 100% responsibility to pay any fees for services provided by New Energy Nutrition.

**By signing below, I acknowledge that I have read, understand, and agree to this Decline Insurance Coverage policy.**

**Client Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

### **Appointment Scheduling Notes Section**

Please note any medical diagnosis here as this may help with insurance benefit coverage. Examples include: diabetes, heart disease, height/ weight (BMI), family history of heart disease etc.

Please note: If you have United Healthcare, UMR, or Aetna for insurance we need medical history including height, weight, and BMI to check benefits. **If not provided, your benefits check may be resulted as self-pay.** If you do not know this information, please have your physician send medical records to New Energy Nutrition.