



Nourished Nutrition Therapy Policies

Payment and Cancellation Agreement

- All services may be paid with cash, check, or credit card prior to the start of the service.
- Nourished Nutrition Therapy currently accepts select insurance plans. Insurance is billed directly on your behalf, if your coverage has been verified in advance of your visit.
- I may request a superbill, which I may submit to my insurance company for reimbursement purposes. If a superbill is requested, I am responsible for privately paying at the time of the service. A superbill does not guarantee reimbursement to cover the services provided.
- If utilizing insurance, I give Nourished Nutrition Therapy permission to bill my insurance company for services.
- If my policy changes, I am responsible for providing update information to Nourished Nutrition Therapy. Failure to do so may result in rejected claims, which I will then be responsible for paying.
- If my insurance rejects a submitted claim for any reason, I am responsible and will pay the full fee for the service(s) rendered.
- All appointment cancellations must be completed 24 hours in advance. Failure to cancel within 24 hours or missed appointments without notice will result in a \$50 fee. Repeated cancellations, no shows, appointment reschedules, or failure to attend appointments may result in being charged the full price of the session.
- There will be a \$30.00 charge for all returned checks.
- Appointments start on time. If I am late, I may use the remaining time of my appointment but not beyond that. I will be required to pay for the entire cost of the visit.
- Unpaid balances in excess of 30 days will be subject to a service charge of 1.5% per month.
- I have an obligation to pay my account in full 90 days from the scheduled date of service. If I do not pay my account in full within this time period, I acknowledge my credit card will be charged for the remaining balance.
- If you have an outstanding balance after 90 days, collection proceedings will be initiated. You will be responsible for the cost of the collection proceedings (including any associated attorney fees, filing fees, and court costs).
- Nourished Nutrition Therapy requires I provide my credit card information to be held on file.

Type of Card: _____ Card Number: _____
Exp. Date: _____ Security Code: _____ Billing Zip Code: _____

I understand that by working with Nourished Nutrition Therapy, LLC, I must comply with the payment and cancellation policies listed above. This not only respects the time and expertise provided by the clinician, but will also help me to make progress on the goals and plans that I have committed to. By signing this agreement, I am indicating that I understand these policies and agree to adhere to them. I also understand that the recommendations and education provided by the clinicians at Nourished Nutrition Therapy should not be used in place of medical advice.

Client's Signature

Date

Client's Printed Name