

1125 E Polston Ave, Suite A Post Falls, ID 83854 Phone: (208) 640-4502 Fax: (208) 777-7330

Email: admin@northernnutrition.net

Web: www.northernnutrition.net

# Office Guidelines and Policies

Welcome, and thank you for choosing *Northern Nutrition* as your nutrition care team. We look forward to helping you achieve the goals which motivated you to reach out to us. The guidelines below have been established to facilitate our work together.

## **Confidentiality**

Our sessions are held in strict confidence. A release form will be used to obtain permission to communicate with your referring physician or other healthcare professionals, as well as friends and/or family members if you choose—this is the Patient Authorization to Use/Disclose Health Information form.

## **Payment Policy**

Payment is required at the time of your session, unless insurance is being billed or prior arrangements have been made. Cash, personal checks, and credit/debit cards are accepted (including flexible spending cards)—this office accepts Visa or Mastercard. If someone other than the client will be paying for the appointment, such as a parent paying for a child's appointment, check or cash must be brought to the appointment, or a credit card number kept on file and charged at the appointment time.

# **Insurance Billing & Fee Schedule**

Northern Nutrition is contractually obligated to bill any and all insurance companies with which we are contracted. Several insurance companies cover Medical Nutrition Therapy (MNT) or Nutrition Counseling as a benefit. You are advised to contact your insurance company if you are concerned about coverage—we bill using several CPT/procedure codes, most commonly either 97802 or 99404. You may have a deductible to meet before particular services are covered; your insurance plan may include a coinsurance or copay amount per visit; your plan may cover for only specific diagnoses; or your specific plan may not include coverage for our services. Any balances not covered by insurance are transferred to the patient's responsibility. Charges that are pending insurance reimbursement greater than 60 days from the billed date are also transferred to the patient's responsibility. If we receive insurance reimbursement thereafter, we will issue a refund check to the patient within 30 days of receipt of that insurance payment. If you believe your insurance plan should have paid for any denied or unpaid claims, you can appeal to your insurance company. We do reduce any amounts denied by insurance to our discount cash price.

## Fee Schedule

Call for current self-pay/cash rates. We also offer discounted cash package pricing. For our Veterans and those with insurance for military members (i.e. TRICARE and TriWest) and family members on that insurance plan, we discount each and every visit an additional \$50—we just ask that you show us your Veteran ID card or military insurance card. Our fee schedule also applies to scheduled telehealth (via phone or video) consultations.



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### **Late Cancellations & No-Shows**

24-hour notice is required for all cancellations—72 hours for Monday appointments, as our office is not open on Fridays; with such prior notice, we are able to schedule someone else in your time slot. Appointments cancelled without proper notice will be charged \$50.00, not billable to insurance. We know that life happens, and if you cancel the day of your appointment due to unforeseen circumstances, you can reschedule that visit to avoid the late cancellation fee. Appointments missed altogether with no notice beforehand (also referred to as no-shows) will be charged \$50.00, also not billable to insurance. After the first no-show, we reserve the right to no longer schedule you as our patient. Lastly, if you are more than 15 minutes late for your appointment, you will be asked to reschedule that visit so that we are able to stay on schedule for the remainder of our patients scheduled that day.

## **Correspondence Between Visits**

We are available to assist you by phone for a few minutes if you need to speak with your provider between sessions—leave us a message with your phone number and we will return your call as soon as possible. We also respond to text messages and emails as we are able. If you need more than a few minutes on the phone or a text or email response requires more time, please consider scheduling an appointment to sit and meet with your dietitian. Unfortunately, we do not have the flexibility to spend more than a few minutes at a time outside of our scheduled visits.

#### **Cell Phone Use**

So that we may give you the time and attention you deserve, please turn off cell phones or put them on vibrate during our visit(s).

Your signature indicates that you have read, understand, and agree to the above policies. Please feel free to ask any questions; our goal is to meet your needs and provide you with optimal nutrition care.

SIGNATURE (client, client's representative, or parent)	RELATIONSHIP TO PATIENT
PRINT NAME	DATE