



OFFICE POLICY

Inspire Nutrition, Inc.
650 Durham Road, Newtown, PA 18940
267-217-1330

Thank you for choosing Inspire Nutrition Inc., for your nutrition & wellness needs. The following policies will help facilitate a positive working relationship.

1. I hereby authorize Inspire Nutrition, Inc., to apply for benefits on my behalf for covered services rendered. I certify that all information given is correct, and authorize the release of all information, including medical information, for this or related claims.
2. I understand Inspire Nutrition Inc., may bill me for services rendered upon denial of my insurance company- despite prior approval. I agree to be fully and personally responsible for payment.

Policies to Know:

- If your insurance requires a referral, **it is your responsibility to obtain the proper referral prior to your visit, if needed.**
- If your insurance requires a co-pay, they are due at the beginning of the appointment. We do not bill insurance for co-pays.
- **We require a 24-hour notice to cancel and/or change appointments or a \$100 fee will be issued for initial visits and a \$50 fee will be issued for follow up visits.** This policy helps us run our office efficiently and give the best care and service to our clients.
- There is a \$25 fee for any returned checks. **All payments for a returned check and further payments will be due by using cash or a credit card.**
- If your account is 90 days past due, it will be sent to a collection agency. **A \$25 collections fee will be issued.**
- We allow 30-60 days for your insurance company to make payment to us. Sometimes insurance companies request more information before they make a payment; please respond promptly to your insurance company or Inspire Nutrition, Inc., with requests for further information. If you fail to respond, you will be billed and expected to pay promptly.
- Each insurance plan has different guidelines as to what diagnoses are covered. We strive to stay current with all insurance coverage guidelines, but we can never guarantee coverage.

Thank you for your cooperation!

I have read, understand, received a copy (if requested) and agree to these policies.

Date: _____

Your Signature: _____ Name of Child, if applicable: _____

Printed name: _____

Address: _____

City: _____ State: _____ Zip: _____





PRIVACY CONSENT

Inspire Nutrition, Inc.
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Inspire Nutrition, Inc., requires your consent to use and disclose your protected health information to carry out treatment, payment and healthcare operations. If you would like a more detailed description of such uses and disclosures please refer to our Notice of Privacy Practices. You have the right to review our Notice of Privacy Practices before signing this Consent. The terms of our Notice of Privacy Practices of Inspire Nutrition Inc., may change from time to time. You can get a copy of our revised Notice of Privacy Practices by contacting our office at 267-217-1330 or find it online. We will also post a copy of our current Notice of Privacy Practices in our office.

You have the right to revoke this consent in writing and the revocation will be effective except to the extent Inspire Nutrition, Inc., has acted in reliance on your consent.

I have had an opportunity to discuss with the Registered Dietitian and/or with other office personnel, the nature and purpose of medical nutrition therapy. I understand the results are not guaranteed. I give Inspire Nutrition, Inc., permission to send a summary note to my physician or referring doctor of my consultation here.

By signing below, you hereby consent to our use of your protected health information for treatment, payment and health care operations and acknowledge receipt of a copy of this Consent if requested.

Date: _____

Your Signature: _____ Name of Child, if applicable: _____

Printed name: _____

Address: _____

City: _____ State: _____ Zip: _____

