INSURANCE POLICY

Eat Well with Gina, LLC is committed to providing you with the best care possible. If you have medical insurance, we are pleased to help you receive your maximum allowable benefits. However, we must emphasize that our relationship is with you, not with your insurance company. We are not a party to that contract except where we are contracted as preferred providers.

While the filing of your insurance claim is a courtesy that we extend to our clients, all charges are strictly your responsibility from the date(s) service was rendered. Therefore, it is often necessary for you to inquire and explore your benefits with your insurance carrier. We realize that temporary financial problems may affect timely payment of your account. If such problems arise, we encourage you to contact us promptly for assistance in helping manage your account.

We will gladly file your claim(s) for the following insurance companies:

AmeriHealth	Horizon BCBS	Cigna
Independence BC	Highmark BS	Capital BC

*Eat Well with Gina, LLC will only submit claims to the above noted insurance companies for particular diagnoses. Please speak with our office staff and/or your provider for additional details.

We will gladly submit any claim with other insurance companies, other than those noted, should you present us with your benefit limits in writing at or prior to your scheduled date of service.

Prior to filing any insurance claim we must have a record of your treatment diagnosis on file and/or some insurance plans may require a referral. The ability to diagnose any condition is not within the scope of practice for a registered dietitian and must be obtained from your physician. If our office does not receive the appropriate documentation of your medical condition or referral at or prior to your scheduled session, you will be responsible for payment in full at the time services are rendered.

Also, a referral to our office does not always guarantee coverage. We always recommend that you check your coverage limits for these services prior to your scheduled session – despite any recommendations for these services from your physician.

All payment, including co-payment, is due at the time services are rendered. We accept cash, check, MasterCard, Visa, AMEX, or Discover. Any and all outstanding balances and/or insurance claim denials are payable within 30 days of invoice. Any balance which reaches more than 90 days past due will be sent through our collection process. If your balance is sent for collection, your initials acknowledge that you will be responsible for all collection fees, as well as any legal fees that our office incurs in order to collect the outstanding delinquent balance.

By my signature below I acknowledge the above financial policy and agree to its terms.

______________________________ __________________
Signature of Client or Responsible Party Date

PAYMENT & FINANCIAL POLICY

WHO IS FINANCIALLY RESPONSIBLE FOR THIS ACCOUNT?	
NAME:	DOB:
RELATION:	SSN:
ADDRESS:	ZIP:
PHONE:	

By my signature below I acknowledge:

NOTICE OF PAYMENT POLICY

Payment, including co-payment is due at the time of service. Methods of payment are cash, check, Visa, MasterCard, AMEX, or Discover. There is a $25 fee for a returned check. All outstanding balances and/or insurance claim denials are payable within 30 days of invoice. If left unpaid after 30 days a late charge of 10% will be added to the balance. Any balance reaching more than 60 days past due will be sent throughout collection process. If your balance is sent for collection, you acknowledge that you will be responsible for all collection fees, as well as any legal fees that our office incurs in order to collect the outstanding deliquent balance. All nutrition packages are non-refundable, but may be transferable to other in-house services. All packages expire 1 year after date of purcase.

NOTICE OF CANCELLATION POLICY

Eat Well with Gina, LLC requires 24 hours advance notice (1 full business day) for cancellations or rescheduled appointments. Your appointment is a reservation of EWwG's time. With advance notice EWwG can fill that time with a client on the waiting list. If you are not able to attend your scheduled appointment, you will be charged the full appointment fee. If you contact EWwG with at least 24 hours advance notice of your scheduled appointment, there will be no charge.

This is a normal & customary policy in the health care field.

By my signature below I acknowledge the above payment and financial policy and agree to its terms.

______________________________ __________________

Signature of Client or Responsible Party Date

INSURANCE INFORMATION

PRIMARY INSURANCE		
POLICY HOLDER NAME:		DOB:
RELATION:	EMPLOYER NAME:	
EMPLOYER ADDRESS:		PHONE:
INSURANCE COMPANY:		PHONE:
ID#:	GROUP#:	
INSURANCE ADDRESS:		ZIP:

SECONDARY INSURANCE		
POLICY HOLDER NAME:		DOB:
RELATION:	EMPLOYER NAME:	
EMPLOYER ADDRESS:		PHONE:
INSURANCE COMPANY:		PHONE:
ID#:	GROUP#:	
INSURANCE ADDRESS:		ZIP:

ASSIGNMENT OF INSURANCE BENEFITS

- I, the undersigned, have insurance coverage with ______________________ and assign directly to ***EAT WELL WITH GINA, LLC*** all medical benefits, if any, otherwise payable to me for services rendered.

- I hereby authorize ***EAT WELL WITH GINA, LLC*** to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all my insurance submissions.

Signature of Insured/Guardian: ________________________________ **Date:** ______________