**Liberated Nutrition Policies**

**Payment and Cancellation Agreement**

* All services and co-pays may be paid with cash, check, or credit card prior to the start of the service.
* Liberated Nutrition currently accepts Blue Cross Blue Shield, Aetna and AllWays Health Partners Insurances.
* Your specific plan, even if accepted by Liberated Nutrition, may or may not cover nutrition counseling. In the event that your insurance does not cover any or all of our appointments, we will send you an invoice for the balance. It is your responsibility to pay this upon receipt.
* 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 Liberated Nutrition permission to bill my insurance company for services.
* If my policy changes I am responsible for providing update information to Liberated Nutrition. 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 will result in a $50 fee. Repeated cancellations, appointment reschedules, or failure to attend appointments may result in being charged the full price of the session.
* 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).
* Liberated Nutrition requires I provide my credit card information to be held on file.

I understand that by working with Liberated Nutrition, LLC I must comply with the payment and cancellation policies listed above. This not only respects the time and expertise provided by the clinician at Liberated Nutrition, 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 dietitian at Liberated Nutrition should not be used in place of medical advice.