Faith's Nutrition Counseling

PRACTICE POLICIES

Payment Responsibility

- Insurance and Out-of-Pocket Payments: I understand that I am responsible for all fees not covered by my insurance, including deductibles, copays, and coinsurance.
- Payment at Time of Service: I agree to pay any self-pay fees at the time of my appointment.
- Card on File Requirement: I agree to keep a credit card on file for use in processing unpaid balances, missed appointment fees, and cancellation fees.

Cancellation and No-Show Policy

Faith's Nutrition Counseling values your time and ours. To ensure availability for all clients, we kindly ask that you provide notice for cancellations or reschedules. After two (2) instances of no-shows or late cancellations, Faith's Nutrition Counseling reserves the right to discontinue further scheduling of appointments.

Cancellation Notice: I agree to provide at least 24 hours' notice for any cancellations or rescheduling.

I understand the card on file will be charged for any missed appointments or cancellations made without sufficient notice and will incur a fee of:

- Late Cancellation Fee (within 24 hours' notice): $50.00
- No-Show Fee: $50.00

Exceptions: I understand that this fee may be waived only in certain circumstances, such as medical emergencies and is at the owner's discretion. Any refunds may take up to 4-5 days or longer once charged.

Insurance and Billing Policies

- Insurance Verification: I acknowledge that my insurance benefits will be verified as a courtesy, but verification does not guarantee payment, and I am responsible for any balances remaining after insurance.
- Claim Reprocessing: Our billing team will reprocess any denied claims as necessary, but I understand that I am responsible for unpaid amounts after reprocessing.
- Explanation of Benefits (EOB): I will receive an EOB from my insurance provider detailing the status of each claim.
- In the event that an insurance company rescinds, retracts, or otherwise reverses payment for services previously rendered - commonly referred to as a "clawback" - I (the client) acknowledges and agrees to assume full financial responsibility for the recouped amount. Such reversals may result from but are not limited to post-payment audits, eligibility changes, or policy terminations. The client agrees to remit full payment of any outstanding balance within thirty (30) days of notification.

Additional Fees

Session Rate Changes: I understand that session rates may change, and advance notice will be provided.

Collections Policy

Unpaid Balances: I understand that unpaid balances may be subject to collections procedures if not paid within a specified period. Payment plans may be available upon request for larger balances.

Communication Privacy

Client contact information will only be used for communication related to scheduling, services, billing, and care coordination. Faith's Nutrition Counseling does not sell or share personal information for marketing purposes.

AI Charting Assistant

This practice uses secure, HIPAA- compliant AI tools to assist in clinical documentation. All information remains confidential. Clients may opt out of the AI-assisted documentation upon request.