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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 find 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.

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

Northern Nutrition is contractually obligated to bill any and all insurance carriers with which we are contracted. Several insurance companies cover Medical Nutrition Therapy (MNT) as a benefit; MNT is sometimes also referred to as nutrition or diet counseling. **You are advised to contact your insurance company to find out if your particular health insurance plan includes MNT as a covered benefit—we bill for visits 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 amount or a copay per visit; or your particular plan may not cover for our services. Some plans also require a particular diagnosis for coverage. Some plans cover three (3) visits per year, while others pay for unlimited visits per year. If your insurance carrier does not pay, you are responsible for payment—this includes the difference of the total cost or the total cost in full. We provide in-house billing, and *Northern Nutrition* always reduces any charges not covered by insurance to our discount cash price.

Fee Schedule

Call for current self-pay/cash rates. We also have discounted package pricing. **For our veterans, we discount each and every visit an additional \$50, so please be sure to let us know if you are a veteran.** Our fee schedule also applies to scheduled telehealth (via phone or internet) consultations.

Cancellations & No-Shows

24-hour notice is required for all cancellations, 72 hours for Monday appointments. With such prior notice, we are able to schedule someone else in your time slot. **Appointments cancelled without 24-hour notice (or 72-hour notice for Monday appointments) will be charged \$50.00 (not billable to insurance); 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. If you cancel the day of your appointment due to unforeseen circumstances, you are able to reschedule that visit within one week of your originally scheduled appointment to avoid a late cancellation fee. **Also, 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. If you need more than a few minutes on the phone, 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 on the phone. We also respond to texts and emails as we have the time.

Cell Phone Use

So that we may give you the time and attention you deserve, please turn off cell phones during our session.

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)

PRINT NAME

DATE