



Nutritionally Yours

Achieve Wellness through Mindful Nutrition!

Financial Policies

In order to better serve our clients and to reduce confusion between clients and Nutritionally Yours we have implemented the following policies:

- Cash or Check payments for services are listed on the website and expected at the visit.
- Your insurance policy is a contract between you and your insurance company. It is your responsibility to determine if our services are covered under your benefit plan.
- At the time of service you are responsible for payment of all receivables (co-payment, co-insurance, remaining balances etc). In the event that your health plan determines any service to be “non-covered” you will be responsible for the complete charge.
- As a courtesy, if we are contracted with your insurance company we will file your insurance claim for you. If your insurance company does not pay Nutritionally Yours within a reasonable time, you will be responsible for payment of the balance.
- Clients with a dictated amount of visits by their insurance company are responsible for keeping track of those visits. Any appointments after the allotted amount will be the client’s responsibility.
- If you have coverage with a plan that we do not participate with, you will be considered a self-pay client. Payment is due at the time the service is rendered.
- It is your responsibility to keep your personal information up to date. Please remember to contact us if your home address, telephone number, or email address changes. This will ensure that you receive any communication from us in a timely manner.
- Email communications that require more than 30 minutes of RDN’s time to respond to all the queries will be billed as a follow up visit.

We are dedicated to providing the best possible service to you. We regard your complete understanding of your financial responsibilities as an essential part of our commitment to you.

I have read and understand the financial policy of Nutritionally Yours and agree to be bound by its terms. I also understand and agree such terms may be amended periodically by the practice.

Client or Person Responsible for Payment

Date