

 <p><b>Nutrition First</b></p>	<p><b>LuAnne Petrie</b> Nutrition Consultant MS, RD, CDE</p>	<p><b>Nutrition First</b> <i>Because it matters.</i></p> <p>415 State Route 34 Colts Neck NJ 07722 info@nutritionfirstllc.com www.nutritionfirstllc.com (908) 692-4140</p>
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## Payment for Services

Although medical studies have overwhelmingly shown Nutrition Therapy, provided by a qualified registered dietitian, to be an essential component of comprehensive health care, be advised that the services you wish to receive may not be deemed as "medically necessary" by your insurance carrier, or may not be covered by your specific plan. This is true even though your physician may have recommended that you receive Nutrition Therapy, and I am listed as a preferred provider by your insurance company.

For this reason, I ask that you contact your insurance company Member Services department, and ask:

1. If Nutrition services are a covered benefit for your specific plan and diagnosis, and how many visits you are entitled to.
2. If a referral from your primary care physician is required, and/or if the visit needs to be pre-authorized. (If a referral is necessary, you will need to obtain the referral prior to our first visit. I will obtain the pre-authorization if it is required).
3. For a reference number for the phone call. This number will be included on our bill to the company, it allows them to review any verbal instructions you were given.

I have hired a billing specialist who will make every effort to obtain payment on your behalf. However, if your insurance company ultimately makes the decision to deny payment for your visit, you will be responsible for the payment.

Patients are expected to pay, in cash or check, their co-pay for specialist services at each visit. **If your visit is not covered by insurance, or your company requires a referral or pre-authorization and you do not have it with you, you must pay your bill in full at the time of the visit.**

Patient name: \_\_\_\_\_

Patient/Representative Signature: \_\_\_\_\_

Date: \_\_\_\_\_