

Name: _____ DOB: _____

INSURANCE POLICY

Advantage Nutrition & Wellness, LLC (ANW) is committed to providing our clients with the best care possible. If you have medical insurance, we are pleased to help you receive your maximum allowable benefits for nutrition counseling. However, we must emphasize that our relationship is with you, not with your insurance company. We are not a party to your contract except where we are contracted as preferred providers.

While the filing of your insurance claim is a courtesy that we extend to our clients, all charges are solely the client's responsibility from the date(s) service was rendered. Therefore, it is often necessary for you to inquire and explore your benefits with your insurance carrier.

Prior to filing any insurance claim ANW must have written documentation of your treatment diagnosis on file. The ability to diagnose any condition is not within the scope of practice for a registered dietitian, therefore each client must obtain this consult from their physician. If ANW has not received the appropriate documentation of your medical diagnosis by the time of service, then your session may need to be rescheduled.

If required by your insurance plan, an insurance referral may be required prior to receiving service. Please remember, an insurance referral does not always guarantee coverage. We highly recommend that each client check their individual plan coverage limits for nutrition counseling services prior to their scheduled session.

We will gladly file any claim(s) to the following insurance companies:

AETNA CIGNA Highmark Medicare Independence Blue Cross
Keystone HP East / Central Capital Blue Cross United Healthcare

Payment, including co-payment, is due at the time services are rendered. ANW accepts cash, check, MasterCard, Visa, AMEX, or Discover. Any and all outstanding balances and/or insurance claim denials are payable within 30 days of invoice. Any balance which reaches more than 90 days past due will be sent through our collection process. If your balance is sent for collection, you acknowledge that you will be responsible for all collection fees, as well as any legal fees, that ANW may incur in order to collect your balance.

We realize that temporary financial problems may affect timely payment of your account. If such problems arise, we encourage you to contact ANW promptly for assistance in helping to manage your account.

By my signature below, I acknowledge my agreement with the above financial and insurance policy by ANW and agree fully to its terms.

Signature: _____ Date: _____

Name: _____ DOB: _____

INSURANCE INFORMATION

Primary Insurance:

Policy Holder Name: _____ DOB: _____

Relationship: _____

Insurance Company: _____ Phone#: _____

Address: _____

ID#: _____ Group#: _____

Employer's Name _____

Employer's Address: _____ Phone#: _____

Secondary Insurance:

Policy Holder Name: _____ DOB: _____

Relationship: _____

Insurance Company: _____ Phone#: _____

Address: _____

ID#: _____ Group#: _____

Employer's Name _____

Employer's Address: _____ Phone#: _____

Assignment of Insurance Benefits

- I, the undersigned, have insurance coverage with _____ and assign directly to **ADVANTAGE NUTRITION & WELLNESS, LLC** (ANW,LLC) all medical benefits, if any, otherwise payable to me for services rendered.
- I hereby authorize **ANW, LLC** to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all my insurance submissions.

Signature of Insured/Guardian: _____ **Date:** _____