



# Nutrition Works LLC

805 Stevens Avenue, Portland, Maine 04103  
(207) 772-6279  
Fax (207) 347-4281

Susan Quimby, R.D., L.D.  
Judy Donnelly, R.D., L.D.  
Kim Norbert, M.S., R.D., L.D.  
Patsy Catsos, M.S., R.D., L.D.  
[www.nutritionworks.us](http://www.nutritionworks.us)

## Policies to Know

*Nutrition Works, LLC makes every effort to be considerate of your time; we ask you for the same courtesy.*

- Kindly give 24-hour notice to cancel or change appointments or a \$30 fee will be issued.
- Co-pays are due at the time of the appointment. We accept cash, check, VISA or MasterCard

## Privacy Consent

*Nutrition Works, LLC needs your consent to use and disclose your protected health information to carry out treatment, payment and coordination of care with your other health care providers. If you would like a more detailed description of such uses and disclosures please refer to our Notice of Privacy Practices, which you have the right to review before signing this consent. You have the right to revoke this consent in writing, and the revocation will be effective except to the extent Nutrition Works, LLC has already acted in reliance on your consent.*

- By signing below, I hereby consent to our use of my protected health care information as described. I give permission for Nutrition Works, LLC to send a summary note to my physicians of my consultation here.

## Assignment of Benefits

*Nutrition Works, LLC is a participating provider for many insurance plans. However, insurance policies vary greatly in their coverage of medical nutrition therapy; our participation is NOT a guarantee of coverage.*

- I understand it is *my* responsibility to know what benefits my employer/group has selected for coverage and to contact my insurance company with coverage questions prior to my visit. I understand that Nutrition Works, LLC may require a referral from my physician or pre-authorization from my insurance company. However, I understand *a referral from my physician does not mean nutrition counseling is a covered benefit on my insurance policy.*
- I authorize Nutrition Works, LLC to apply to apply for benefits on my behalf for services rendered. I certify that all information given is correct and authorize the release of all information, including medical information, for this or related claims.
- I understand that Nutrition Works, LLC will bill me for services rendered if my insurance company denies or rejects payment of my claim. *I understand I am financially responsible for any remaining balance, such as co-payments, deductibles, and cancellation or no-show fees.* I understand if my account is 90 days past due, it will be sent to a collection agency; a \$25 collection fee will be issued.
- I understand there is a \$25 fee for returned checks.

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