

NAME	DATE OF BIRTH
PHONE	EMAIL
ADDRESS CITY, STATE, ZIP	GUARDIAN NAME & DOB:
INSURANCE COMPANY	POLICY NUMBER
INSURANCE POLICY HOLDER:	DATE OF BIRTH
PHYSICIAN NAME & CONTACT INFO:	Would you like to receive our emailed newsletter? Yes/No

ASSIGNMENT OF BENEFITS, RELEASE OF INFORMATION, CONSENT TO TREAT

In considering the amount of medical nutritional therapy expenses to be incurred, I, the undersigned, hereby assign and convey directly to Southern Maryland Dietitian and associated business entities all medical benefits and/or insurance reimbursement, if any, otherwise payable for services rendered from such dietitian and/or Southern Maryland Dietitian and/or associated business entities.

I hereby authorize Southern Maryland Dietitian and associated business entities to release all medical information necessary to process this claim and participate in my treatment. I hereby authorize any plan administrator or fiduciary, insurer, medical personnel and my attorney to release to such dietitian and Southern Maryland Dietitian and/or associated business entities any and all plan documents, insurance policy and/or settlement information upon written request from such dietitian and Southern Maryland Dietitian and/or associated business entities in order to claim such medical benefits, reimbursement or any applicable remedies. I authorize the use of this signature on all my insurance and/or employee health benefits claim submissions.

NON-DISCRIMINATION

Southern Maryland Dietitian does not discriminate based on any legally protected classes. Each provider retains the right and responsibility to determine his/her ability to meet the clinical needs of each client.

PRIVACY PRACTICES

I acknowledge the privacy practices of Southern Maryland Dietitian: HIPPA guidelines will be followed at Southern Maryland Dietitian. I consent to Text Message & Email & Fax for non-secure/HIPPA noncompliant communications. I authorize Southern Maryland Dietitian to communicate with my physician and other care providers regarding nutrition, health care, and medical conditions.

AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION

I authorize Southern Maryland Dietitian / Lisa Hugh to release protected health information to the following:
I understand this covers areas of medical, nutritional, mental health care, financial and other information.

Name
Contact Information

*This assignment will remain in effect until revoked by me in writing.
A photocopy of this assignment is to be considered as valid as the original.*

FINANCIAL POLICY

Each provider at Southern Maryland Dietitian individually chooses which, if any, insurance companies to participate with and sets her own usual and customary rates for services provided.

Prompt pay discounts are available to self paying customers. Payment is expected at time of visit.

No Shows and Cancellations with less than 24 hours notice may be assessed a fee of \$35.00.

I understand that I am financially responsible for all charges regardless of any applicable insurance or benefit payments. Insurance companies may provide information about coverage but this information is not a guarantee of payment. I agree to pay the balance on my account if the insurance company does not pay for my visit. Health Insurance is a contract between the patient and the insurance company. Southern Maryland Dietitian does not verify insurance coverage. All patients are instructed to contact their insurance company to determine their level of coverage for nutrition counseling. Any information provided by Southern Maryland Dietitian/ Lisa Hugh regarding insurance coverage is of a general nature and is not intended to replace verifying coverage by calling the insurance company directly.

Southern Maryland Dietitian / Lisa Hugh only bills for procedure codes 97802 and 97803. Visits are billed in units of 15 minutes; each unit is billed at \$50.00.

Southern Maryland Dietitian / Lisa Hugh will submit claims to IN NETWORK insurance companies.

Claims will not be submitted to OUT OF NETWORK insurance companies.

Claims will not be submitted to SECONDARY payers / secondary insurance companies.

Claims will not be submitted to any insurance company if there is reason to believe that the claim will not be paid.

Southern Maryland Dietitian / Lisa Hugh is NOT in network with Medicare.

SIGNATURE	DATE
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