

Policies and Procedures

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Our goal is to provide quality health care to all our clients in a timely manner. No-shows, late arrivals, and cancellations inconvenience not only our providers, but our other clients as well. Please be aware of our policy regarding missed appointments.

Appointment Cancellation

When you book your appointment, you are holding a space on our calendar that is no longer available to our other clients. In order to be respectful of your fellow clients, please call our office 704-380-4655 as soon as you know you will not be able to make your appointment.

If cancellation is necessary, we require that you call at least 24 hours in advance. Appointments are in high demand, and your advanced notice will allow another client access to that appointment time.

How to Cancel Your Appointment

If you need to cancel your appointment, please call us at 704-380-4655 between the hours of 8am-5pm. If necessary, you may leave a detailed voicemail message. We will return your call as soon as possible.

Late Cancellations/No-Shows

A cancellation is considered late when the appointment is cancelled less than 24 hours before the appointed time. A no-show is when a client misses an appointment without cancelling. In either case, we will charge the client a \$25.00 missed appointment fee*

For new client's first appointments, a no show or late cancellation may result in the cancellation fee charge due upon rescheduling*

Due to COVID-19 it is required all clients provide their own masks during face to face appointments. Failure to do so may result in a cancellation of the appointment with the possibility of a missed appointment fee applied*

*Severe weather, natural disaster, sickness and emergencies may be excused and are subject to evaluation by your dietitian or Nutrition HealthWorks.

Client Responsibility

Individual's Financial Responsibility

- I understand that I am financially responsible for my health insurance deductible, coinsurance or any non-covered service.
- Co-Payments are due at time of service.
- If my plan requires a referral, I must obtain it prior to my visit.
- In the event that my health plan determines a service to be "not payable", I will be responsible for the complete charge and agree to pay the costs of all services provided.
- If I am uninsured, I agree to pay for the medical services rendered to me at the time of service.

Insurance Authorization for Assignment of Benefits

- I hereby authorize and direct payment of my medical benefits to Nutrition HealthWorks on my behalf for

any services furnished to me by the provider.

Authorization to Release Records

- I hereby authorize Nutrition HealthWorks to release to my insurer, governmental agencies, or any other entity financially responsible for my medical care, all information, including diagnosis and the records of any treatment or examination rendered to me needed to substantiate payment for such medical services as well as information required to precertification, authorization or referral to other medical providers.

Medicare Request for Payment

- I request payment of authorized Medicare benefits to me or on my behalf for any services furnished to me by Nutrition HealthWorks. I authorize any holder of medical or other information about me to release to Medicare and its agents any information needed to determine these benefits for related services.

Signature

(This will require your client's signature)

