C.M. Farina, LLC Phone: **505.438.2886** **info@foodnyou.com** PO Box 6838 • Santa Fe, NM 87502 www.foodnyou.com

Client Financial Policy

As a courtesy to others, the office of C.M. Farina, LLC is a scent free environment. When being seen in the home office disposable booties are provided and must be worn over your shoes.

As a Registered/Licensed Dietitian I (C.M. Farina, LLC) am not able to diagnose. For a medical diagnosis please consult your physician. I will provide you with nutritional recommendations based on the information you provide in the Nutritional Assessment/Consultation(s).

C.M. Farina, LLC recognizes that dealing with health insurance will be confusing and frustrating. Every health insurance plan is different and client insurance benefits are likely to change from year to year. This Client Financial Policy will describe both C.M. Farina, LLC's financial obligation to the client and the patient's financial obligation to C.M. Farina, LLC.

For those clients without health insurance:
Full payment is required at the time of service.

For those clients with health insurance:
I am NOT contracted with all insurance companies. I am NOT contracted with Medicare. Medicare patients are responsible for all charges. I am currently contracted with BCBS/BCBS Centennial Care (Medicaid)/BCBS HMO, Presbyterian/Presbyterian Centennial Care (Medicaid). If your insurance is not on this list, you may be a client of C.M. Farina, LLC as a "private pay" client. I am not able to bill insurances that I am not contracted with.

For clients who have insurance with a company that I am contracted with . . . Your policy is a contract between you and your insurance company.
****Each client is responsible to review their health insurance policy in order to understand their financial obligations.****

C.M. Farina, LLC has a contract to provide healthcare (nutrition) services . . . This contract is between C.M. Farina, LLC and the insurance company.
As part of this contract:

- C.M. Farina, LLC is obligated to bill your primary insurance company.
- C.M. Farina, LLC is obligated to bill your insurance company using a series of 'codes' that describe both the diagnosis of your clinical problem (ICD codes) and the services provided (CPT codes).
    - Please Note: to facilitate this process please provide C.M. Farina, LLC with all your diagnosis from your medical doctor (a referral with this information is appreciated and may help the nutrition services I provide be covered by your insurance company).
- C.M. Farina, LLC has agreed to collect client-due amounts that include co-pays, deductibles and co-insurance. (These co-pays, deductibles and co-insurance amounts are specified in the client's insurance policy.)
- C.M. Farina, LLC may directly charge the client for 'non-covered services.'

Prior to your appointment date C.M. Farina, LLC has several financial requirements:

- C.M. Farina, LLC will ATTEMPT to verify each client's insurance eligibility and financial obligation. In order to verify your insurance eligibility and financial obligations:
    - I must have the information from your **current health insurance card**: current Client ID#, Group# and Claims address. **A copy of both sides of your card will be made at the time of your appointment**.
    - Please note: It is your responsibility to notify C.M. Farina, LLC if you change insurance companies or insurance plans.
    - Please note: It is your responsibility to notify C.M. Farina, LLC if your insurance policy has changed or terminated.
- Each client is responsible for payment of their **client-due amount** at the time of service.
- Each client is responsible for payment of their entire bill if their insurance company decides not to cover their visit after 30 days of their appointment.
- **Payment of insurance co-pays must be made at the start of your appointment, before the consult starts**.
- **C.M. Farina, LLC will accept cash (I cannot accept large bills, exact change is appreciated) and personal check only**.

C.M. Farina, LLC's BILLING and COLLECTION POLICY:

- **Despite C.M. Farina, LLC's best efforts in determining your insurance eligibility and benefits, verification of eligibility and benefits is NOT a guarantee of payment by your insurance company**. Each client is ultimately responsible for all charges incurred.
- **DO NOT IGNORE YOUR BILL**: As the costs of my services are relatively low I do not offer a payment plan.
- Generally insurance pays within 30 days. You will receive a bill for any unpaid balance due after 30 days of your appointment. Failure to pay a balance due may result in the referral to a collection agency and you will not be allowed any further appointments until the balance is paid in full. C.M. Farina, LLC reserves the right to terminate the Nutritionist-Client relationship for lack of payment, and dismissal from the practice may result if your account is referred to an outside collection agency.
- **Return Check Policy**: All returned checks will be charged a NSF fee of $35.00. If the check plus the fee is not paid within ten (10) days, it may be turned over for collections.

C.M. Farina, LLC's CANCEL/RESCHEDULE/NO SHOW Policy:
Failure to keep scheduled appointments is costly to me and to other clients. Clients who are not able to keep their scheduled appointments are require to provide timely notice – 1 business day (24+ hour) notice of reschedule or cancellation prior to their appointment time. Providing the required notice gives me the opportunity to schedule clients from a wait list or re-structure my work day. Please call (505) 438-2886 or email: carole@foodnyou.com.

****Any client who DOES NOT provide required notification of reschedule or cancellation is subject to a Cancel/Reschedule/No Show Fee of $50 plus tax that is not covered by insurance companies.****

FAILING TO PAY the above fee will result in eventual dismissal from my practice, with 30 days' notice, and will be sent to collections. Multiple Reschedules, Cancellations or No Shows, may result in dismissal from my practice.

C.M. Farina, LLC USUAL FEE SCHEDULE (not covered by Insurance)

Initial Assessment/Consultation	$125.00	(50-75 minutes)
Consultation	$ 90.00	(30-50 minutes)

Extended Phone call and consultations on your behalf are billed at $90/hour. These charges are not paid by the insurance and will be your responsibility.

Sales tax (NM GRT) is added to services rendered as required by NM State law.

C.M. Farina, LLC CONFIDENTIALITY and RELEASE OF INFORMATION

The information you provide will be confidential to protect you right to privacy. Such information will not be disclosed without your written permission or that of your legal guardian, except under special circumstances such as:

- When such information is required by law to be reported, such as information regarding abuse, or neglect, or in the case of a court order
- For medical emergency
- Pertinent parts of the medical record and/or financial record pertaining to the treatment for the purpose of quality improvement activities.
- If you are under 18 years of age, parents have a right to treatment information.

Thank you for taking the time to review my policies. I am available to discuss any questions or concerns you may have regarding my financial policies or nutritional care.

I authorize direct payment to be made to C.M. Farina, LLC for all nutritional care services rendered. I understand that if any services or charges are not covered by y insurance, or if C.M. Farina, LLC is unable to verify eligibility, that I am responsible for all charges incurred for services rendered.

I also authorize the release of any medical records for the purpose of healthcare operations.

I have read and above information and understand my financial responsibilities as a client of C.M. Farina, LLC.

_____ _____ _____

Signature of Client/Parent/Guardian Printed Name Date

C.M. Farina, LLC Phone: **505.438.2886** **info@foodnyou.com** PO Box 6838 • Santa Fe, NM 87502 www.foodnyou.com

Must be completed and returned prior to appointment date.

Please Print Date:_____

Name:_____SSN_____

Address:_____ Date of Birth_____

City_____ State_____Zip_____ Age_____

Phone(s):_____
Fax:_____
E-mail:_____

Employer_____
Work Phone_____
Diagnosis: _____
Date of Diagnosis/Illness:_____

Primary Care Physician:_____ Phone_____
Address:_____City_____State___ Zip_____
NPI #_____Insurance Provider#_____

Emergency Contact (name & relationship)_____Phone_____

Insured's name_____ Date of Birth_____
SSN_____ Relationship to client: Self___ Spouse___ Child___ Other___
Insured's address (if different from above)_____
Insured's Employer (if different from above)_____

Insurance Company_____ Plan type_____
Insurance ID #_____Group #_____
Insurance company address_____City_____State___ Zip_____

Have you contacted your insurance company regarding benefits for nutrition services? Yes___ No___
Do you need pre-authorization for these services? Yes___ No___

I hereby authorize C.M. Farina, LLC to provide information to my insurance provider(s) and to my Primary Care Physician concerning medical nutritional therapy care provided to the client, and I authorize payment directly to the provider of services. **I understand that I am fully responsible for all charges incurred for the services rendered to the client**, including expenses and legal fees incurred in the collection of delinquent balances.

_____ _____
(Client/Parent/Guardian Signature) (Date)

WHEN YOU FIND IT NECESSARY TO CANCEL OR CHANGE YOUR APPOINTMENT, PLEASE NOTIFY THIS OFFICE AT LEAST 1 BUSINESS DAY IN ADVANCE BY PHONE 505-438-2886 OR EMAIL: info@foodnyou.com. WE RESERVE THE RIGHT TO CHARGE YOU FOR UNUSED APPOINTMENT TIMES WHEN WE DO NOT RECEIVE PROPER NOTICE.