

Phone: (408) 370-7731 x-4

www.BayAreaNutrition.com

Fee Structure Agreement

Certain insurance companies do not contract with Bay Area Nutrition, LLC or do contract with Bay Area Nutrition, LLC, but with limited coverage. We understand the financial impact Medical Nutrition Therapy can have on our clients, and are doing our best to limit your out of pocket expenses. Below you will find our fee structure agreement.

If your insurance company does not directly contract with Bay Area Nutrition, LLC or your insurance plan does not have a Medical Nutrition Therapy (i.e. CPT codes: 97802, 97803 & 97804) benefit for your specific diagnosis:

We require a valid credit card be kept on record and a deposit is made at the time of service. As a courtesy we will submit a claim to your insurance company for the full charge of the visit: initial appointment is charged \$62/15 minute unit (typically \$372), follow ups are charged \$53/15 minute unit (typically \$212). The insurance payment will be assigned to Bay Area Nutrition, LLC. We are also happy to write any letters of appeal on your behalf if the claims are denied.

- If your deposit plus your insurance company's 'allowed amount' for the visit is less than the full charge for the session, our office will write off the remainder of the charges for the session as long as your deductible has been paid.
- If any of the charges from this session went towards your annual deductible, you will be responsible for these charges.
- If your deposit plus your insurance company's 'allowed amount' for the visit is greater than the full charges of the session you will be credited the difference.
- If the insurance payment is sent to you instead of Bay Area Nutrition, LLC, you will be responsible for reimbursing Bay Area Nutrition, LLC the full amount of that payment within 15 days of the date that the insurance company processed the claim.

Initial Session typically takes 1 hour and 15-20 minutes. The deposit is \$220. This fee includes the dietitian's time coordinating with other members of your treatment team.

Initial Session with Stephanie Brooks, MS, RDN, CEDRD-S typically takes 1 hour and 15-20 minutes. The deposit is \$240. This fee includes the dietitian's time coordinating with other members of your treatment team.

Follow-Up Sessions: The deposit is \$145.00 per 50 minute session. This fee includes the dietitian's time coordinating with other members of your treatment team.

Follow-Up Sessions with Stephanie Brooks, MS, RDN, CEDRD-S: The deposit is \$165.00 per 50 minute session. This fee includes the dietitian's time coordinating with other members of your treatment team.

****Please note that fees for sessions requiring more or less time will be prorated.****

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Fee Structure Agreement Continued

Team/Family Meeting and Travel Time:

Our deposit procedure for team and/or family meetings are based upon the same structure as individual sessions. However, the fee is based upon \$165 per 50 minute session. This rate will be pro-rated depending upon the length of the meeting. We will bill your insurance company as a courtesy for you for these sessions as well.

For meetings that take place away from our office, we charge a travel fee of \$100 per hour. We are not able to bill insurance companies for this fee. You will be responsible for paying for this fee.

Missed Appointments/Late Cancellations:

Because we reserve a large amount of time for your sessions, we must charge you for missed appointments and cancellations with less than 24 hours notice. If you must reschedule or cancel an appointment, we ask that you notify us 24 hours in advance by phone. If you miss an appointment without giving us 24 hours notice, you will be responsible for the session charges as described above.

Acknowledgement of receipt:

By signing this form, I acknowledge receipt of and agreement to Bay Area Nutrition, LLC's fee structure. If I have any questions regarding the Financial Agreement above, I will ask my dietitian.

My signature below indicates that I have read, understand and agree to the above financial agreement.

I acknowledge receipt of and agreement to the fee structure as stated herein. I acknowledge this written agreement constitutes the entire fee agreement between Bay Area Nutrition, LLC and the undersigned and that no modifications to this agreement can be made orally. A photocopy of this agreement is considered as valid as the original.

Name of Client: _____

Signature: _____ Date: _____
Client, Parent or Legal Guardian

Relationship to Client: _____

Valid Credit Card Information Form

Client Name: _____ **Date of Birth:** _____

Card # _____ **PIN/CVV #** _____

Card Member: _____ **Exp. Date:** _____
(Name as it appears on Credit Card)

Billing Address for Card:

Street: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

_____ I authorize Bay Area Nutrition, LLC to charge my credit card for any balances, co-pay, co-insurance or deductible as dictated by my insurance policy and Bay Area Nutrition, LLC's Fee Structure Agreement.

_____ I agree to update Bay Area Nutrition, LLC with any changes to my credit card and provide a new valid credit card as needed.

Signature: _____ **Date:** _____