

Actual Wellness LLC

Maple Leaf Nutrition 2817 A NE 55th St. Seattle, WA 98105

Insurance Policies and Financial Policies and:

Insurance: Thank you for choosing Actual Wellness for your nutrition care. If you have medical insurance that covers Clinical Nutrition such as Regence, Premera, Lifewise, First Choice, Cigna or Aetna, we are happy to assist you in submitting your insurance claims. We are an in-network provider with these insurance companies. If you have another insurance that we are not in network with, we can give you a statement that you can submit for possible reimbursement, or we can bill them for you as an out-of-network provider and you will be responsible for the remainder of the charges not paid by your insurance.

It is your responsibility to verify with your insurance whether or not Nutrition Counseling is a covered benefit.

By signing this agreement you agree to pay your co-pay or co-insurance and any fees that your insurance company does not cover.

Late Cancellation/ Missed Appointment: As a courtesy to other patients requiring services, we request that you provide notice of cancellation 24 hours in advance of your appointment.

Patients who do not give **24 hours' notice** for a missed appointment will be charged a fee of **\$75**_____ *initial*

Methods of Payment: We accept cash, check, debit, Visa and MasterCard, as well as Health Savings Cards. There is a \$25.00 fee for returned checks to cover bank fees. Any questions please contact the office at 206.999.0014.

Authorization: I have read the above information and agree regardless of my insurance status to be responsible for the balance of my account. I agree to pay for all services rendered not covered by my insurance and to notify this office should there be any changes in my insurance coverage. I have received a copy of the privacy notice.

I authorize the release of any medical or other information necessary to process any claims.

I authorize payment of medical benefits to Actual Wellness for all services rendered.

Patient's or Authorized Person's Signature:

Name(printed)_____ Signature and Date _____

Services	Billed Rate
Initial Nutrition Consultation	\$225
Re-assessment/ Follow up	\$165
Time of service discounted rate for Initial Appointment	\$150-\$175 (60-90 mins)
Time of service discount rate for Follow up Appointment	\$120 (60 mins) \$60 (30 mins)
Package of 6 Follow up Appointments	\$350 (6/30 minute sessions)