



Financial Policy & Insurance Policy

The following describes Kaizen Nutrition & Wellness' payment of charges for services provided.

You are financially responsible for all charges, whether or not paid by insurance, missed appointment fees or other charges for products and services provided. Any charges which are denied, not covered by insurance based on diagnosis code, or not paid for any other reason are also your responsibility, and we will send you an electronic invoice to your email address on record. Payment is due upon receipt. In cases of divorce, separation, court orders, etc., the client or legal guardian/parent will be financially responsible for the account including any missed appointments or late cancels.

To cancel or reschedule an appointment, you must provide 24-hour notice or you will be billed a missed appointment fee of \$60.00. The point of this fee is not to be punitive, but instead to ensure that people are not on the waiting list unnecessarily. We realize that things happen last minute or are beyond your control so please do your best to communicate if you are running late or have another emergency so we can reschedule you. You can reschedule your appointments yourself by clicking on the confirmation/reminder email and selecting a different day. Insurance will not cover a missed appointment fee, so please be sure to contact us or reschedule as soon as possible when scheduling conflicts arise.

Any balances remaining on your account must be paid before your next appointment. If you have trouble paying your balance, please contact us as soon as possible so that we can work out payment arrangements or installments.

We may contact you for billing or collection purposes via your email address or telephone number(s) on your account. If your account remains in delinquent status, Kaizen Nutrition & Wellness reserves the right to discontinue providing services and/or utilize a collection agency to collect the balance due on delinquent accounts.

PRIVATE PAY

Clients choose to pay out of pocket for services due to a variety of reasons. Often it is due to:

- Not having insurance benefits for nutrition counseling or have a condition not covered by their benefits
- Deductible is high and therefore services are not covered until deductible is met
- Live out-of-state and prefer a telehealth appointment v. visiting in-person
- Have limited mobility and prefer a telehealth appointment

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- Do not have one of the insurances we are contracted with in-network (Aetna, BCBS, MedCost, Medicare, United Healthcare)
- Desire to improve their health privately, without insurance being notified (via insurance claims) until they have reached their wellness goals

Regardless of the circumstances, we are happy to accommodate private-pay appointments via in-person visits or telehealth. We accept cash, credit cards (Visa, MasterCard, American Express, and Discover), most H.S.A. or F.S.A accounts.

Pricing/Fees:

Initial + Follow Up Consultation (90 min): \$240.00

Initial + Follow Up Consultation (60 min): \$160.00

All private pay clients must have a credit card on file. **Payments are due at the time of scheduling.** If not paid in full at the time of scheduling, payment must be provided at the time of service.

TELEHEALTH

All telehealth (virtual online appointments) are billed at the rates listed above. All telehealth clients must have a card on file and **payment is due at the time the appointment is scheduled.** Insurance does not cover telehealth assessment and consultations **except** in instances of local or national disaster and vary by insurance company.

INSURANCE

Verification of benefits is not a guarantee of eligibility or payment; actual payment is based on terms and conditions of your insurance plan. All claims are subject to review as insurance will only cover dietary services that are reasonable or necessary. We make every effort to accurately verify your insurance benefits. In the event we receive inaccurate information from your insurance company, we will honor the contracted amount, determined to be patient responsibility by your insurer, and send you an invoice. Any co-insurance (co-pay) not collected at the time of service will be invoiced to you as well.

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In-Network: In-network means that we have a contract with the insurance company to provide services to you at a discount. We provide insurance billing to in-network insurance plans. Clients are responsible for giving us full and correct information regarding their insurance plan and provide updates as they occur. A copy of the front and back of your insurance card is required. Secondary insurances will not be billed for services rendered, even if in-network.

Out-Of-Network: Out-of-Network means that we do not have a contract with your plan, and services will cost you more than those provided by an in-network provider. For out-of-network insurances we can provide you a CMS 1500 (referred to as a Superbill) which can be filed with your insurance company to receive credit towards your out-of-pocket maximum and out-of-network deductible.

Co-Insurance: This is the percentage that the insurance company determines is your responsibility at the time of your visit and represents your share of the costs of the covered health care service. We will invoice you for the co-insurance amount, once we receive an Explanation of Benefits from your insurance company. You can pay this directly through Practice Better.

Co-Pay: This is a flat fee for specialist visit, generally around \$25 to as high as \$70 per visit depending on the insurance company, and then insurance covers the remainder at 100%. Co-pays are due at the time of service.

Coverage plans vary widely and not all plans within a specific insurance company are contracted as in-network. To better understand your insurance coverage, we encourage you to contact your insurance company and verify benefits for nutrition counseling before your appointment. We will be verifying benefits for you, but feel that it is important for you to be fully informed and confident about your coverage benefits by contacting your insurance company also. We have provided you a list of questions on the next page to help guide the conversation.

Once you have verified and understand your nutrition counseling benefits, you can schedule an appointment! Visit <https://kaizennutritionwellness.com/appointment/> and select either:

- *Private-Pay, or*
- *Initial Assessment & Consultation with Insurance*

If the appointment day or time you need is not available, please call the office to see if there is additional availability that can accommodate your scheduling needs.



INSTRUCTIONS FOR UNDERSTANDING YOUR COVERAGE

We recommend setting aside uninterrupted time to remain on hold while waiting for an agent, and also to have adequate time to ask all of the necessary questions.

The set of questions and information below will help guide you through the conversation:

- Call the customer service or member services telephone number on the back of your card
- Explain that you are wanting to verify your benefits for nutrition counseling
- Provide your member ID (front of your card), name and date of birth to the customer service agent
- Is Kaizen Nutrition & Wellness in-network with your plan (provide the NPI number 1215431390 for our practice)
- If not, ask about out-of-network benefits
- Does your policy covers procedure codes 97802 and 97803 for nutrition counseling
 - Preventative benefits (diagnosis code Z71.3 and usually covered 100%)
 - Restrictions or limitations to specific conditions when using a preventative diagnosis?
 - Medical benefits (deductible and co-insurance usually applies)
 - Restrictions or limitations to specific conditions when using a medical diagnosis?
- Is pre-certification necessary (usually not)
- Is a referral necessary (usually not)
- Do you have a limit on the number of visits per calendar year or policy year
- Is there a co-payment (also called co-insurance) required at the time of your visit

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