



Policies

Payment and Cancellation Agreement

- All services will be paid with cash, check, or credit card prior to session.
- Hawk Nutrition, LLC is currently in network with Highmark and Medicare and is in the process of credentialing with several other companies. Insurance is billed on your behalf if your coverage has been verified prior to your session
- If my insurance policy changes, I will be responsible for notifying Hawk Nutrition, LLC. If this is not done and the claim is rejected, I will be responsible for paying for the session in full.
- If my insurance rejects a claim for any reason, I am responsible to pay the full fee for the services rendered.
- I may request a superbill, which I may submit to my insurance company for reimbursement on my own. This does not guarantee payment for services.
- If using insurance for payment, I give Hawk Nutrition, LLC permission to bill my insurance company for services.
- There will be a \$30 charge for all returned checks.
- Appointments start on time. If I am late, I may use the remaining amount of my session time, but not beyond that. I will be responsible for the cost of the entire visit.
- A 24 hour notice for a cancellation is required. If this does not occur, there will be a \$50 fee.
- Unpaid balances that occur in excess of 30 days will be subjected to a service charge of 1.5% per month.
- I must pay my account in full after 60 days of service. If I do not comply, I acknowledge that my credit card on file will be charged.
- If you have an outstanding balance after 90 days, then collection proceedings may be initiated. I will be responsible for the cost of the collection proceedings, including attorney fees, filing fees, and court costs.
- Hawk Nutrition, LLC requires that I provide my credit card information to be kept on file.

Type of Card _____ Card Number _____
Expiration Date _____ Security Code _____ Billing Zip Code _____



Email/Phone Contact

-Email may not be a confidential method of communication. Phone, fax, or in-person are the best ways to communicate PHI. If you choose to send or receive emails containing protected health information, you take responsibility for the security of the information that is shared.

Text Messages: If you desire to communicate with Aurora periodically through text message, primarily for the purpose of scheduling or quick questions, initial below. Text messaging is not a secure means of communication. **I authorize Hawk Nutrition, LLC to text my cell phone** _____

Email Communication Options (Choose One and Initial)

_____ I desire to use regular email to correspond with Aurora to answer my questions between sessions or to communicate as needed. I understand that this means of communication may not be secure after it leaves the Hawk Nutrition, LLC, computer system. Email address to use for this purpose _____

_____ I do not wish to communicate by email, but agree to receive appointment reminders via email. Email address I choose to use for this purpose _____

_____ I do not wish to communicate via email, and I do NOT agree to receive appointment reminders via email. I will keep track of my appointments without reminders.

Virtual Sessions

-These will be conducted via the HIPAA compliant platform, Kalix. A link will be sent to your email and you will also be sent a passcode. Please note that FaceTime, Google Duo, Skype, etc. are not HIPAA compliant. However, during the COVID-19 pandemic, rules regarding this haven't been as stringent.

I understand that by working with Hawk Nutrition, LLC, that I must adhere with the payment, cancellation, and communication policies listed above. I also understand that Hawk Nutrition, LLC will follow HIPAA privacy practices. My signature below indicates that I agree to these as well as consent for treatment. This not only respects your dietitian's time, but that of yours and other clients. Working with Hawk Nutrition, LLC, does not replace medical advice from a physician or mental health advice from a therapist or psychiatrist, as, more often than not, it can often take a team approach to progress in treatment.

Client's Signature _____ Date _____

Client's Printed Name _____

Parent or Legal Guardian's Signature (If necessary) _____



Hawk Nutrition, LLC
"Helping You Fly Away From Diet Culture"

Date _____