

## **Billing Policy**

This is a statement of our financial policy. You understand that you are obligated to ensure that our fees are paid in full. We will verify your coverage and bill your insurance carrier on your behalf. However, you are ultimately responsible for payment of your bill. If you have any questions regarding your insurance coverage please direct them to your insurance representative.

You agree that you will pay any deductible and co-payment or co-insurance as determined by your insurance plan. Those payments will be due at the time of service if known, or within thirty (30) days of receipt of the applicable invoice. You are responsible for any amounts not covered or payable by your insurance. If your insurance denies any part of your claim, you agree to be responsible to pay the full balance. If payment in full is not received within thirty (30) days of receipt of an invoice, AMS Nutrition Counseling, PLLC may commence collection proceedings and, in its sole discretion, reserves the right to discontinue services to you as a client.

If your insurance carrier or plan changes, you must notify AMS Nutrition Counseling, PLLC prior to your next appointment. Otherwise, you may be required to pay the full balance at the time of service, prior to receiving any services.

Jane Doe (01/01/60)  
Member ID: XXXXXXXXX  
CPT Codes: 97802, 97803

This information was provided over the phone by a BCBS of WNY representative on 10/9/18:

Plan runs on a calendar year and is currently effective as of today's date. CPT codes provided are covered in full under the preventive portion of plan. No prior authorization or referral is required. There is no limit to the number of visits.

This is not a guarantee of benefits.

Reference #: 1-230493827

Should your visit not be reimbursed by your insurance plan, you will receive notification from AMS Nutrition Counseling, PLLC of the denial with an invoice, which shall be due and payable by you within (30) days of receipt.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_