

Payment and Cancellation Agreement

Insurance Copay or Out-of-Pocket Payment – your nutrition counseling session may be paid for with cash, check, or credit card.

- All checks must be payable to *Better Gut Better Health, LLC*.
- Payment is expected at time of service.

Insurance Coverage – *Better Gut Better Health, LLC* is currently enrolled with the following insurance companies: Blue Cross Blue Shield, Harvard Pilgrim, Aetna, Cigna, Tufts Health Plan, Health Plans Inc., Minuteman, Medicare and United Healthcare.

Payment Policies – By signing this document I agree to adhere to the following policies:

- I understand I am financially responsible for all charges incurred, whether or not paid by insurance.
- If my insurance rejects a submitted claim for any reason, I am responsible and will pay the full fee for the service(s) rendered.
- If I am not covered or have an out of network insurance, a super bill can be provided for me to bill my insurance for possible reimbursement.
- There is a \$30.00 charge for all returned checks.
- *Better Gut Better Health, LLC* does not provide any refunds.
- All appointment cancellations must be completed 48 hours in advance. I understand if I fail to cancel an appointment within 48 hours I will be responsible for the full fee of the scheduled appointment.
- I have an obligation to pay my account in full 30 days from the scheduled date of service. If I do not pay my account in full within this time period, I acknowledge my credit card will be charged for the remaining balance.

Type of Card: _____ Card Number: _____

Exp. Date: _____ Security: _____ Zip Code: _____

I understand that the recommendations and education provided by the *Better Gut Better Health, LLC* should not be used in place of medical advice.

Signature: _____ Date _____



Better Gut Better Health, LLC

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