



## LexStart Nutrition, LLC Statement of Agreement

### Services

I am consulting with LexStart Nutrition, LLC to gain information on health and wellness applications in my life. I understand that the Dietitian Nutritionist on staff are not physicians and do not dispense medical advice nor prescribe treatment. Rather, they provide information to enhance my knowledge of how nutritious foods, herbs, supplements, physical activity, and lifestyle will affect my health.

The methods of evaluation employed on my behalf, which may include diet, supplementation, nutrient analysis, assessments, and recommendations are not intended to diagnose disease. I specifically authorize the use of such assessments to help develop an appropriate dietary and health supporting program for me, and to monitor my progress towards achieving my health goals.

These services are not a substitute for medical care, and do not claim to diagnose, treat, or alleviate disease. Nutrition consultation services are licensed by the state of Kentucky. Additionally, I understand I will need to consult with a medical physician or other licensed healing practitioner for the medical diagnosis and treatment of disease.

### Fees & Insurance

I hereby acknowledge that LexStart Nutrition, LLC is currently only in network with United Healthcare, Anthem Blue Cross/Blue Shield, Humana, and Aetna for coverage of services. I understand that my insurance is a contract between my employer, the insurance company and me. I understand that LexStart Nutrition, LLC is not apart of that contract. *I understand that I am responsible for any charges not covered by my insurance carrier. I agree to make payments or co--payments at the time of service.* Cash, check, and major credit cards are accepted.

I am aware that if I do not pay the balance of my bill or make arrangements for payment, then my account may be referred to a collection agency for any account that is 90 days past due. If a referral to a collection agency becomes necessary, I agree to pay collection agency fees, attorney fees and court costs. I give permission to LexStart Nutrition, LLC to submit necessary information to my insurance carrier regarding services provided for my dependents or myself. I understand that doing so means that I give permission for the insurance company to have access to my records. I understand that it may be necessary for such information to be faxed to my insurance company or Managed Care Company. I give permission for such to be faxed.

*If LexStart Nutrition, LLC is not in-network with my insurance I agree to make the full payment at time of service that corresponds with chosen services or packages, unless I have chosen a payment plan allowing LexStart Nutrition, LLC to charge me based on agreed plan.* I understand there is a \$35.00 charge on any returned checks.

### Cancellation

I understand there is a 24-hour cancellation policy with LexStart Nutrition, LLC and I must cancel at least 24 hours on advance to avoid being charged a cancellation fee of 75% of the cost of the session. **If I miss my appointment without canceling 24 hours in advance, I understand that insurance companies do not cover missed appointments and I agree to pay the cancellation fee for that session.** Cancellations may be provided via phone or email and it is my responsibility to reschedule any missed appointments due to my cancellation.



**Privacy Policy**

LexStart Nutrition, LLC will maintain privacy practices and will not divulge any privileged information.

By filling out the form below, I acknowledge that I have read and understand this agreement and that I may request a copy for my records.

Signature of Client: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian (if under 18): \_\_\_\_\_ Date: \_\_\_\_\_