



## **Financial Policy**

It is the responsibility of the patient/parent/guardian to contact their insurance company and verify benefits. **Idaho Nutrition Associates (INA)** is in-network with most insurance companies, however due to the many networks that fall under various insurance companies, it is always important to ensure that **INA** and/or your Registered Dietitian are in your network.

If **INA** is submitting an insurance claim on your behalf, we will make every effort to collect payment from the insurance company. However, it is important to understand that a quote of benefits is never a guarantee of payment from an insurance company. If the visit charges go toward the patient's deductible, the patient is responsible for the amount the insurance company puts toward the deductible. The patient/parent/guardian is ultimately responsible for all claim determinations and balances due on his/her account.

All patient-responsible balances that remain delinquent after 90 days, with no response to payment requests, will be referred to a collection agency.

If **INA** is not in-network with your plan or it has been determined that you do not have insurance benefits, payment is expected at the time of service. A superbill will be provided upon request.

**INA** accepts cash, checks, debit cards, credit cards and HSA cards. A \$30 fee will be imposed on all returned checks.

## **Late Cancellation/No-Show Policy**

Having a *Late Cancellation/No-Show Policy* is important for **INA** as an independent healthcare provider as well as for our patients. It is difficult for us to meet the scheduling needs of our patients with short notice reschedules/cancellations or simply not showing up for a scheduled appointment time. We are committed to you and have great respect for your time, and we ask that you extend that same commitment to **INA** as well as our other patients.

**INA** makes it convenient to communicate the need to reschedule in a timely manner via phone, voicemail, email or text. You'll receive an appointment confirmation when an appointment is scheduled and a reminder email and/or text one to two days prior to your scheduled appointments. Please make it a priority to add your appointment to your calendar.

**Cancellation/No-Show Policy:** The patient/parent/guardian is responsible for notifying **INA** a minimum of 24 hours in advance if unable to attend a scheduled appointment. There is a **\$35** late cancellation fee for notification less than 24 hours in advance of a scheduled appointment. When no advance cancellation notification is received, the responsible party will be billed a **\$50** no-show fee. If the patient has pre-paid for a visit, fees will be deducted from their account accordingly.