

Amy Stephens, M.S, R.D.N., C.D.E.

39 ½ Washington Square South New York, NY 10012

25A Main Street, Hastings on Hudson, NY 10706

Phone: 646-391-4868 Fax: 212-477-7908 e-mail: info@amystephensnutrition.com

Thank you for making an appointment with Amy Stephens. Amy Stephens welcomes you as a new patient and looks forward to helping you achieve the results you desire.

- Please read all information, and fill out all forms completely. Please be sure to submit them **prior** to your appointment, so that your scheduled time may most beneficial to you.
- Your appointment is a reservation for a specific time slot. Only one person is seen at a time, and we adhere to our schedule. Please be ON TIME. If you are late, you will be seen, but the duration of your visit will be shortened.
- You will receive a phone call/text to confirm your appointment one business day before each visit. If there is any question as to the time or location please call. If you need to cancel, please give as much notice as you can.
- Cancellations made less than 24 hrs in advance are subject to a \$50 fee.

If you are using health insurance, please read and fill out the following page on health insurance.

BRING YOUR CARD TO THE APPOINTMENT.

- Payment is due at the end of each session. Personal checks, cash, most Health Savings Account cards, and personal credit cards: Visa, MasterCard, Discover and American Express are accepted.

- You will be asked for a credit card to be kept on file, to be used in the event insurance does not cover your visit, you have not met your deductible, differences in co-payment or for insufficient cancellation time.
- Please have your physician fax your blood work to 212-477-7908 prior to your visit. This is extremely important for those with Diabetes (including borderline), high cholesterol, eating disorders, kidney disease, thyroid disease, PCOS or anemia.
- There are no refunds on any services. Please fax this page, the following three pages, and the Food and Exercise Journal pages to: 212-477-7908 or scan and email to: info@amystephensnutrition.com

I have read Amy Stephens's office policies and agree to the terms. I understand that if insurance coverage is denied, I am responsible for payment. I understand that I will be responsible for any fees incurred in collecting unpaid balances (bounced checks, attorney, collection agency).

X _____ Date _____
Patient Signature

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INSURANCE INFORMATION

Read carefully

Fill out all information requested

You must call your insurance plan prior to your visit to inquire as to whether they cover nutrition counseling (PROCEDURE CODE 97802) and MOST IMPORTANTLY whether they cover for the reason you are seeking help. Obtain a reference number for the call and the name of the person you speak with. Just because your physician suggested that you see Amy Stephens, does not mean you are automatically covered. A referral is not a guarantee of coverage.

Amy Stephens accepts the following insurance plans: Aetna, Blue Cross Blue Shield (PPO only for BCBS), Cigna, Medicare, Oxford and United Healthcare. Amy Stephens will file the claim for these plans. Every insurance plan is different as to the coverage for nutrition counseling. If services are not covered, you are responsible for payment. If you have a deductible that has not been met, you are responsible for payment directly to Amy Stephens. Amy Stephens will be happy to discuss this with you prior to your visit.

If you have more than one insurance plan, you must use your primary plan.

If you need a referral you must obtain one prior to your visit. It must be generated through the Insurance system – just having your physician telling you to see a nutritionist is not sufficient. A referral is not a guarantee of coverage. **Be sure to call the insurance company as explained above.**

Certain plans only cover nutrition in a hospital or MD's office. You must ask if this limitation applies to your plan (usually self-funded plans) and ask if Amy Stephens RD is covered under your plan – you can give the member services office her ID number listed at:

NPI ID# 1831247428

OXFORD P2804769

BLUE CROSS/BLUE SHIELD 9098E1

Do you need a referral? Yes No

If so, do you have it or have you called your physician to get the referral? Yes No

Do you have a deductible? Yes No

If so, has it been met? Yes No

Did you call your insurance company to find out if nutrition services are covered? Yes No

Reference number for telephone call to insurance _____ Person you
spoke to _____ DATE: _____