

About Nutrition Counseling

Ruth Harper is a Registered Dietitian Nutritionist (RDN), Licensed Dietitian (LD) in the state of Pennsylvania and Maryland, primary clinician for NourishMentor, LLC, L.L.C. Nutrition counseling provided by Ruth Harper (“your dietitian”) begins with a nutrition assessment. After completing the assessment, we will discuss how to proceed by developing a nutritional plan with personalized, realistic goals. In order for nutrition counseling to be most successful, you will attend regular sessions, work on making changes in-between sessions and be honest with your dietitian about your behaviors.

It is required that clients with an eating disorder diagnosis regularly participate in mental health counseling with a therapist as well as medical monitoring by a physician.

Payment

Fees and insurance co-payments are due at the time of service in the form of either:

- Cash
- Check – payable to NourishMentor, LLC; please note a charge of \$20 for any returned checks
- Credit card, including Flexible Spending Account or Health Savings Account cards

NourishMentor, LLC’s private pay fees are discounted from insurance rates, due at the time of service. If not paid at the time of service, insurance rates apply.

5-15 minute initial phone conversation: Free

60 minute initial assessment session = \$120.00

90 minute initial assessment session = \$150.00

45-60 minute follow-up session = \$90.00

30-40 minute follow-up session = \$75.00

15-30 minute phone consultation = \$50 (phone consultations are not covered by insurance)

30-40 minute phone consultation = \$75 (phone consultations are not covered by insurance)

Insurance is billed directly on your behalf. Ruth Harper is a provider with Highmark BCBS, UPMC, Aetna, Cigna, and United Healthcare. Not all nutrition-related diagnoses are covered with each of these insurers, and a physician referral is required for a claim to be submitted with a medical diagnosis. Your dietitian is not credentialed to make a medical diagnosis, so a referral may be needed even if your insurance doesn’t require it.

Your insurance coverage will be investigated and the findings communicated to you. However, if the insurance does not cover the rendered services, you will be responsible to pay for the service.

NourishMentor, LLC's insurance rate is \$35 per 15 minutes of face-to-face time. This rate may be discounted, depending on the contracted rate with each individual insurer. If you have not yet met your deductible, you will be billed the contracted insurance rate until your deductible is met. After this, you will be billed the copay or coinsurance as determined by your individual plan. This will be discussed with you at or before your first visit.

Arriving late

If you arrive to your appointment late, the session will end at the scheduled time regardless of when it started and full payment is expected.

No show and Late Cancellation Fee

Please notify your dietitian as soon as possible if you need to cancel or reschedule your appointment – either by phone or email. If you do not attend your appointment and have not provided a 24 hour cancellation notice, you will be charged \$50. Exceptions are at the discretion of NourishMentor, LLC.

Privacy Policy

NourishMentor, LLC's Notice of Privacy practices can be accessed at www.NourishMentor.com. It describes your rights and your dietitian's uses and disclosures related to your protected health information. You may request a written copy of this notice for your reference.

Email/ Phone contact

Email may not be a confidential method of communication. Phone, fax, or in-person contact are the best ways to communicate protected health information. Ruth typically checks email daily, and responds as quickly as possible. Please contact 911 or visit the nearest emergency room if you are feeling unsafe or experiencing a life-threatening emergency.

If you choose to send or receive emails containing protected health information, you take responsibility for the security of that information shared. You may choose the option of receiving messages through the password protected electronic medical record, Kalix, if desired.

Ruth is not on call 24 hours a day. You are free to call and leave a phone message at any time. Your call will be returned as soon as possible. Cost of phone consultations is outlined above.

Text messaging: If you desire to communicate with Ruth periodically via text message, primarily for the purpose of scheduling or quick questions, initial below. Text messaging is not a secure means of communication.

I authorize NourishMentor, LLC to text my cell phone _____

Email Communication options: Please choose one below by initial

_____ I desire to use regular email to correspond with my dietitian to answer my questions between sessions or to communicate as needed. I understand that this means of communication may not be secure after it leaves the NourishMentor, LLC computer system.

Email address I choose to use for this purpose: _____

_____ I do not wish to communicate via email, but agree to receive appointment reminders and communications via email through the electronic medical record, Kalix. Email address I choose to use for notifications from my dietitian through Kalix: _____

_____ I do not wish to communicate via email, and do NOT agree to receive appointment reminders via email. I will keep track of my appointments without reminders.

My signature below indicates:

- ❖ I have read and understand the information outlined in this document pertaining to nutrition counseling, payment, insurance, late arrival, no show/cancellation fees, and privacy policy.
- ❖ I acknowledge that I have been given a copy of the Notice of Privacy Policy or have accessed it on www.NourishMentor.com.
- ❖ I agree that my dietitian may contact me at the phone number and/or email address provided, as indicated on the agreement.
- ❖ I consent to receiving treatment at NourishMentor, LLC.
- ❖ I authorize the release of any medical or other information necessary to process my insurance claims.
- ❖ I authorize payment of medical benefits to NourishMentor, LLC for services rendered.
- ❖ I choose to accept or decline the use of email for communication with NourishMentor, LLC as indicated above.

Client's signature

Date of Birth

Client's printed name

Date

Parent/Guardian signature (for client's under 18 years old)

Date

➤ Complete this information IF you have not already provided it using online forms.

General Information and permission to contact by phone

Client Name: _____

Birth date: _____

Mailing Address: _____
Street City zip

Best Phone Number: _____ (circle one) Cell/ Home/ Office

May I call you here? (Y/N) May I leave you a message here? (Y/N) May I text your cell phone? (Y/N)

Child and Adolescent Consent for Treatment (if applicable)

Client Name (please print) _____

Birth date: _____

I certify that I am the (check one) ___ father, ___ mother, ___ legal guardian of the above named child/adolescent and that I do have legal custody of the above named child/adolescent. I, hereby, give my authorization and consent for the above named child/adolescent to receive nutrition counseling from Ruth Harper, MS, RD, LDN through NourishMentor, LLC.

Parent or Legal Guardian Name (please print) _____

Signature _____

Date _____

Insurance Payment (complete only if you are seeking to make an insurance claim)

Name of Insurance Plan: _____

Name of Primary Insured: _____

Date of Birth of Primary Insured: _____

Address of Primary Insured: _____

Insurance member ID Number: _____

Group ID: _____

Name of Primary Insured's Employer: _____

Phone Number of Primary Insured: _____

If you have insurance of another carrier, please indicate which carrier and member number:
