



Whole-istic Living, LLC
10 Cedar Street, Suite 24
Woburn, MA 01801
781-864-4285

www.WholeisticLivingLLC.com

OFFICE POLICIES AND PROCEDURES

(Revised & Updated September 2015)

Listed below are all office policies which will be enforced by Whole-istic Living regarding your outpatient treatment for nutrition counseling. Please review thoroughly and mark your initials in the line to the left of each policy, to acknowledge your agreement and understanding. Please sign and date the bottom of page 2 to acknowledge your agreement and understanding.

Confidentiality

_____ The information shared during treatment is **completely confidential**. Aside from exceptions as required by law, the information disclosed in nutritional counseling or Reiki therapy will not be shared without your written consent (must be noted on *Authorization of Release form*), save for consultations with other professionals when pertinent to your treatment. *See HIPAA notice for further details on confidentiality.*

Preparation for your first Nutrition Appointment

_____ **LABS:** In order for your dietitian to more thoroughly assess your nutritional status, we recommend (but do not require) that you bring in a copy of your most recent blood test results from your last physical, or include your doctor's name and contact information on our *Authorization of Release form* so that your dietitian may call to request this information via fax.

_____ **FOOD JOURNAL:** In order for your dietitian to better help you achieve your goals, we recommend (but do not require) that you record all food intake for several days prior to your first nutrition appointment. The more specific, the better! :)

_____ **Insurance coverage:** We accept most health insurances for nutritional counseling, but not all plans offer nutrition counseling as a benefit.

- **Please note: we do not accept Network Health or Mass Health insurance but offer sliding scale options for people with this insurance.**
- **Please note: Medicare insurance only covers nutrition counselling for diabetes or renal disease and only allows 3 visits per year.** To verify that your plan covers nutrition counseling before your first visit, you can call the Member Services number on your insurance card:
- When verifying benefits for nutritional counseling, we recommend that you ask for the following information:
 - Copay amount per session
 - Deductible (if applicable)
 - Number of sessions allowed per calendar year
 - Type of diagnostic codes allowed (i.e. "medical necessity", routine/prevention, etc.)
 - PCP referral (is it required?)

_____ If your insurance plan does not cover nutrition counseling, Whole-istic Living may charge out-of-pocket for nutrition services (sliding scale rate is considered).

- **REFERRALS: Please note that Harvard Vanguard, Lahey Clinic and some other medical groups are not willing to give a referral for patients to see a dietitian outside of their network. Please look into this before scheduling your first appointment to avoid an out of pocket fee.**

_____ If your insurance plan requires **a PCP referral** for nutrition counseling, please call your Primary Care doctor's office **in advance** to request a referral for nutrition counseling. They will need the following information:

- Provider's name: Jenna Volpe
- Provider's NPI number: 1326483926
- Facility address: 10 Cedar Street, Suite 24; Woburn, MA 01801
- Provider's phone number: 781-864-4285; Provider's fax number: 781-938-8204
- Start date of your first scheduled appointment



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OFFICE POLICIES AND PROCEDURES, CONTINUED

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Scheduling, Availability & Payments

_____ Up to one hour of time per session is allowed with your clinician. If more time is needed to address your needs, Whole-istic Living charges \$35.00 for each additional 15 minutes after the first hour.

_____ Your clinician will be available on-call via email or phone during regular business hours for minor questions that may come up in between sessions. Your clinician will do her best to respond to all emails, text messages and voicemails within 48 hours after they were sent. In cases of medical emergency, please call 911 or go to your nearest emergency room.

_____ Please be on time for your session: if you are late, that time is lost from your session. If your clinician is late, she will extend the session if you are willing to do so, or will make other arrangements based on mutual agreement.

_____ Payment is due at the time of service. Whole-istic Living accepts cash, checks, credit or debit cards (cash or check preferred). Please make all checks out to Whole-istic Living.

_____ Whole-istic Living enforces a 24-hour no cancellation policy. In efforts to prevent missed appointments, we offer optional automated appointment reminders via text message and/or email, 24 hours prior to your scheduled appointment, as well as the morning of your scheduled appointment (see *Privacy Rights* handout).

_____ Whole-istic Living will charge a cancellation fee of \$100 for any missed appointment that was not cancelled or rescheduled within 24 hours' notice.

Please provide all of the following information listed below for a valid credit or debit card, so that Whole-istic Living may charge in the case of a 24-hour cancellation or if there is no alternative form of payment on-hand (i.e. cash or check):

_____ Name (as shown on card)

_____ 16-digit credit or debit card number

_____ Expiration date (month and year)

_____ Security code (3 digits on back of card)

_____ Zip code of card billing address

I have thoroughly reviewed the above policies for Whole-istic Living and agree to all terms outlined:

_____ Client name (printed) & date

_____ Client signature & date

_____ Parent/guardian (if applicable) signature & date