Janai Meyer
Nutrition & Lactation, LLC

907.220.9920 ~ Office@janaimeyer.com

PATIENT RESPONSIBILITIES For our office to provide the best medical care for our patients, we ask that you acknowledge and adhere to the office policies.

PLEASE INITIAL

- ___ If more than three appointments are missed, or if you fail to contact our office in a timely fashion to cancel an appointment, the provider may decide to discontinue seeing you at this office.
- ___ **NO SHOW Appointments will be charged $50.00**
- ___ It is the responsibility of the patient to respond to text, mailed or phone requests for follow up.

BILLING POLICIES

It is the responsibility of the patient to:

- ___ Provide accurate and complete Insurance Information.
- ___ Contact the insurance company if a claim is thirty days or more past due.
- ___ **Pay all outstanding balances after sixty days, regardless of whether or not the insurance has made a determination on the claim.**
- ___ Promptly pay any balance remaining after the insurance finalizes the claim.
- ___ Promptly respond to any questionnaires or updates sent out by the insurance company regarding coverage so as not to delay claim payment.
- ___ If the patient fails to supply an Insurance company with requested information, the account will be turned over to a collection agency immediately.

BILLING INFORMATION

- ___ We are not an authorized TRICARE provider, nor do we participate in Workman's Compensation claims.
- ___ Janai Meyer is a preferred provider with Blue Cross and Aetna. If you have questions regarding in network insurance benefits, please contact your Insurance provider.
- ___ As a courtesy to our patients, we will submit to Insurance**. If there is a patient balance more than sixty days past due after a visit and the insurance company has finalized, we will charge interest on this amount.**

INSURANCE INFORMATION

If you do not provide complete insurance information at the time or your visit you will be asked to pay your visit in full.
I attest that the insurance Information provided is accurate and I understand Janai Meyer Nutrition & Lactation, LLC office policies.

My preferred method of contact is: Call Text Email (Circle one) Telephone No_____
Cell No._____ Email_____

_____/___/___/___
Signature Print Date