



20325 N 51st Ave Suite 166
Glendale, AZ 85308
info@uhlingconsulting.com
Phone: 602.341.5248
Fax: 602.702.5219

PATIENT INFORMATION

Patient Name _____ DOB _____
Sex _____ Marital Status _____ Social Security # _____
Address _____
City _____ State _____ Zip Code _____
Home Phone _____ Cell Phone _____
Email _____
Would you like to receive our e-mail newsletter? Circle: Yes No
Referring Physician _____ Primary Care Physician _____

INSURANCE INFORMATION

PRIMARY INSURANCE

Policy Holder/Primary Insured Name _____
Patient Relationship To Insured _____ Date of Birth _____
Insurance Carrier _____
Subscriber ID# _____ Group # _____
Insurance Phone# _____

SECONDARY INSURANCE

Policy Holder/Primary Insured Name _____
Patient Relationship To Insured _____ Date of Birth _____
Insurance Carrier _____
Subscriber ID# _____ Group # _____
Insurance Phone# _____

EMERGENCY CONTACT INFORMATION

Emergency Contact Name _____ Relationship _____
Phone _____ Address _____
City _____ State _____ Zip Code _____

I understand that I am responsible for all charges regardless of insurance coverage. I agree to pay my account with this office in accordance with the regular rates and payment terms within this office. If my account is referred for collection, I agree to pay reasonable collection expenses including attorney's fees.

In the event that I am entitle to health insurance or other benefits relating to my medical condition and it is available to cover the costs of treatment provided by this office, I hereby assign benefits to this office to be applied to my bill.

This office may release records pertaining to my treatment to my insurance company or other third party responsible for payment of my medical bills/charges.

Patient/Parent/Guardian Signature:

_____ Date _____



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PATIENT FINANCIAL RESPONSIBILITY AND HIPAA NOTIFICATION

Patient Name _____ DOB _____

I. Financial Policy

This is a statement of Uhling Consulting LLC's financial policy. You understand that you are obligated to ensure that our fees are paid in full. We will verify your coverage and bill your insurance carrier on your behalf. You agree that you will pay any deductible and co-payment or co-insurance as determined by your insurance plan. Those payments will be due at the time of service. Many insurance companies have additional requirements or stipulations that may affect your coverage. You are responsible for any amounts not covered or payable by your insurance. If your insurance denies any part of your claim, you agree to be responsible to pay the full balance.

II. Appointment Policies

Weekday(Monday - Friday) Appointments: Uhling Consulting LLC requires a **minimum of 24-hour notice** from our patients when canceling or rescheduling a weekday appointment (Monday - Friday). Failure to cancel/reschedule within 24 hours of your scheduled appointment will result in a **\$35 FEE** per infraction. Payment **MUST** be made prior to scheduling another appointment.

Saturday Appointments: Uhling Consulting LLC requires a **minimum of 24-hour notice** from our patients when canceling or rescheduling a Saturday appointment. Failure to cancel/reschedule within 24 hours of your scheduled appointment will result in **FULL PAYMENT FEE (\$150 - initial visit // \$100 - follow-up visit)** per infraction. Payment **MUST** be made prior to scheduling another appointment. Saturday appointments are a service we offer to help accommodate patients' schedules.

No-Show Policy: Any patient who fails to arrive for a scheduled appointment without rescheduling/canceling the appointment prior to the scheduled appointment time is considered a "no-show" and is responsible for **FULL PAYMENT FEE (\$150 - initial visit // \$100 - follow-up visit)** per infraction. Payment **MUST** be made prior to scheduling another appointment.

Late Policy: Uhling Consulting LLC requires that patients are on time for the scheduled appointment. If you are more than 15 minutes late for your appointment, you will be considered a "No-Show" appointment and incur the NO-SHOW FEE (see above policy). If you are running late or know that you will not be able to make your appointment, please call the office at 602.341.5248 to avoid fees and to reschedule your appointment.

**** A patient who fails to present to a scheduled appointment three times may be dismissed from the Practice.****

III. Bariatric Patient Policy

In order to accurately assess a patient's readiness for bariatric surgery, Uhling Consulting LLC requires a **minimum of two appointments (initial and follow-up)** prior to providing a nutrition assessment and authorization for surgery.

IV. E-mail Policy

As a courtesy to our patients, we allow for e-mail communication between appointments. Please do not use e-mail communication for emergencies; if you require a rapid response; or e-mails that include sensitive information (e-mail is not always confidential). Please be concise OR if e-mails become too lengthy or frequent, we may defer your questions until the follow-up appointment.

V. HIPAA (Health Insurance Portability and Accountability Act of 1996)

We disclose your protected health information to carry out treatment, payment, and health care operations. If you would like a more detailed description of such uses and disclosures, please refer to the *Notice of Privacy Practices*. You have the right to review the *Notice of Privacy Practices* before signing this consent form. The terms of the *Notice of Privacy Practices* may change from time to time. You can get a copy of the latest *Notice of Privacy Practices* by contacting our office. We also will post a copy of our current *Notice of Privacy Practices* in our office. You have the right to request that we restrict how we use or disclose protected health information to carry out treatment, payment, or health care operations. We do not have to agree to such requests, but must honor the requests to which we agree. You have the right to revoke this consent in writing, and the revocation will become effective except to the extent that we acted in reliance on your consent.

My Acknowledgement

I have read and understand the financial appointment and bariatric policies described above. I agree to pay, promptly and in full, any amounts due to the provider, including co-payments, deductibles, and amounts due for non-covered or services that are not payable by my insurance.

 Patient/Parent/Guardian Signature Date

 Printed Name (if signed on behalf of patient) Relationship to Patient



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ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)

A. Notifier: Uhling Consulting, LLC

B. Patient Name _____ **Medicare ID#:** _____

NOTE: If Medicare does not pay for **nutrition counseling or diabetes self-management training** below, you may have to pay. Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We cannot guarantee Medicare will pay for **nutrition counseling or diabetes self-management training** below.

D.	E. Reason Medicare May NOT Pay:	F. Estimated Cost
Medical Nutrition Therapy (MNT) or Diabetes Self Management Training (DSMT) -- individual or group training provided by a registered dietitian	Medicare may cover medical nutrition therapy if you have diabetes or kidney disease, and your doctor refers you for this service. These services can be given by a registered dietitian or Medicare-approved nutrition professional, and include a nutritional assessment and counseling to help you manage your diabetes or kidney disease. Who's covered? Certain people who have any of these: • Diabetes • Renal disease (people who have kidney disease, but aren't on dialysis) • Have had a kidney transplant within the last 3 years	Billed amount ranges from \$90 - \$300

WHAT YOU NEED TO DO NOW:

- Read this notice, so you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading.
- Choose an option below about whether to receive the **nutrition counseling or diabetes self-management training** services listed above. **Note:** If you choose Option 1 or 2, we may help you to use any other insurance that you might have, but Medicare cannot require us to do this.

G. OPTIONS (Check only ONE box. We cannot select a box for you.)

OPTION 1. I want the **nutrition counseling or diabetes self-management training** listed above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I am responsible for payment, but **I can appeal to Medicare** by following the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.

OPTION 2. I want the **nutrition counseling or diabetes self-management training** listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. **I cannot appeal if Medicare is not billed.**

OPTION 3. I don't want the **nutrition counseling or diabetes self-management training** listed above. I understand with this choice I am **not** responsible for payment, and **I cannot appeal to see if Medicare would pay.**

H. ADDITIONAL INFORMATION:

This notice gives our opinion, not an official Medicare decision. If you have other questions on this notice or Medicare billing, call **1-800-MEDICARE** (1-800-633-4227/TTY: 1-877-486-2048).

Signing below means that you have received and understand this notice. You also receive a copy.

Signature: _____ **Date:** _____

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0566. The time required to complete this information collection is estimated to average 7 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.



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YOUR MEDICARE COVERAGE DESCRIPTION OF BENEFITS

Nutrition therapy services (medical)

How often is it covered?

Medicare Part B (Medical Insurance) covers medical nutrition therapy services and certain related services. A registered dietitian or nutrition professional who meets certain requirements can provide these services, which may include nutritional assessment, one-on-one counseling, and therapy services through an interactive telecommunications system. If you get dialysis in a dialysis facility, Medicare covers medical nutrition therapy as part of your overall dialysis care.

Who's eligible?

People with Medicare who meet at least one of these conditions:

- Have diabetes
- Have kidney disease
- Have had a kidney transplant in the last 36 months
- Whose doctor or other health care provider refers them for the service

Your costs in Original Medicare

You pay nothing for these services if the doctor or other health care professional accepts assignment .

Note

Your doctor or other health care provider may recommend you get services more often than Medicare covers. Or, they may recommend services that Medicare doesn't cover. If this happens, you may have to pay some or all of the costs. It's important to ask questions so you understand why your doctor is recommending certain services and whether Medicare will pay for them.

Diabetes self-management training

How often is it covered?

Medicare Part B (Medical Insurance) covers diabetes outpatient self-management training to teach you to cope with and manage your diabetes. It includes tips for eating healthy, being active, monitoring blood sugar, taking medication, and reducing risks. Medicare may cover up to 10 hours of initial diabetes self-management training.

Who's eligible?

This training is for certain people with Medicare who are at risk for complications from diabetes. You must have a written order from a doctor or other health care provider.

You may also qualify for up to 2 hours of follow-up training each year if you meet these conditions:

- It's provided in a group of 2 to 20 people. Some exceptions apply if no group session is available or if your doctor or qualified provider says you have special needs that prevent you from participating in group training.
- It lasts for at least 30 minutes.
- It takes place in a calendar year after the year you got your initial training.
- Your doctor or qualified provider ordered it as part of your plan of care.

Your costs in Original Medicare

You pay 20% of the Medicare-approved amount, and the Part B deductible applies.

Note

To find out how much your specific test, item, or service will cost, talk to your doctor or other health care provider. The specific amount you'll owe may depend on several things, like other insurance you may have, how much your doctor charges, whether your doctor accepts assignment, the type of facility, and the location where you get your test, item, or service.

For more information about diabetes and medical nutrition therapy visit www.medicare.gov/publications to view the booklet "Medicare Coverage of Diabetes Supplies & Services." You can also call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.