

# Insurance Coverage Agreement



We are pleased to offer you nutrition services here at Bridgewater Pediatrics.

We accept a variety of insurance plans. However, nutrition benefits vary widely by insurance companies and some insurance companies do not cover this service at all. To better serve our patients, we ask that you be responsible for verifying your nutrition benefits with your insurance company prior to your first appointment.

You will want to confirm your co-pay, how many visits a year your plan covers, if you have a deductible or co-insurance, and if you need a referral. Once you confirm your nutrition benefits, we ask that you call the office and provide us with the information needed. We will be happy to book your appointment at that time.

By signing below, I understand that I am responsible for knowing my Nutrition Coverage Benefit with my insurance company and will be financially responsible for payment in full of uncovered services, denied services, deductibles, co-pays and co-insurance if applicable.

## Patient information

First name: \_\_\_\_\_

Last name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Name of financially responsible party:

\_\_\_\_\_