



Angela Lovell, MAPC, RDN, LD  
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## Client Agreement

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

↓ Initial

\_\_\_\_\_ **Insurance:** I authorize Nutrition Therapy and Wellness to release information to my insurance companies and to be paid directly by my insurance companies for services billed. I understand that it is my responsibility to know what my insurance plan covers, whether or not a referral or pre-authorization is required and if there are any limitations of coverage (number of allowed visits, covered diagnoses, etc). If claims are denied for any reason, I acknowledge that I am responsible for the full amount billed to insurance and the below credit card will be used with a superbill and receipt emailed to the below address.

\_\_\_\_\_ **HIPAA:** I have received a Notice of Privacy Practices explaining the Health Insurance Portability and Accountability Act (HIPAA).

\_\_\_\_\_ **Cancellation Policy:** I agree to pay \$150 for missed appointments and agree to have the below credit card charged if I do not call (972) 762-0176 at least 24 hours prior to my appointment to cancel or reschedule. This charge is irrespective of the reason for the cancellation/ no show and is not covered by insurance. If there is a pattern of cancelled appointments (whether providing 24 hrs notice or not), I understand that I may be denied future services.

\_\_\_\_\_ **Payment:** I understand that all co-payments and other self-pay fees are due at time of service. Returned checks will incur a flat \$40 fee. Balances unpaid after 90 days may be sent to collections. If it becomes necessary to effect collections of any amount owed, I agree to pay all costs and expenses, including reasonable attorney fees.

\_\_\_\_\_ **Card on File:** I authorize Nutrition Therapy and Wellness to keep my credit card securely on file and charge it for all fees owed, including appointment fees, supplements, lab tests, no show/late cancel fees and any others. If for any reason my card is declined, I agree to immediately send payment for all balances owed.

Card Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiration \_\_\_\_/\_\_\_\_  
Name on Card \_\_\_\_\_ CVV \_\_\_\_\_  
 Visa  MasterCard  Debit: \_\_\_\_\_

**Your signature below indicates that you have read this policy and agree to its terms.**

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

Responsible Party for minors under the age of 18:

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Relationship \_\_\_\_\_



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## **My Practice and Credentials**

I provide nutritional counseling and medical nutrition therapy to preteen through adult clients seeking to improve their health and/or prevent future health problems through food and lifestyle modifications. I am uniquely qualified to assist each client with dual credentials in nutrition and professional counseling. I provide individualized nutrition counseling with ongoing communication between sessions to ensure you reach your nutrition and wellness goals. With over fifteen years of experience in nutrition counseling, I continue to dedicate my time in establishing the best individual care for each client. My professional credentials are listed below.

Angela Lovell, MAPC, RDN, LD

- o Master of Arts in Professional Counseling
- o Registered Dietitian Nutritionist, #950022
- o Licensed Dietitian in Texas, #DT80621

## **Appointments & Communication**

When you arrive, I may be in session with another client. Please let the receptionist know you are here to see me and then have a seat in the lobby or help yourself to a beverage in the café. I will come get you from the lobby area. If you are late to your appointment, the lost time will not be added to the end of your scheduled time. Appointments may be booked online through my website. As a courtesy, my scheduling system will send an email reminder the day before your appointment. In most cases, clinical issues should be reserved for appointments. For non-urgent issues regarding appointments, scheduling, or billing, you may email me at [angela@nutritiontherapyandwellness.com](mailto:angela@nutritiontherapyandwellness.com). Please allow two business days for a response.

## **Insurance**

I am contracted with Blue Cross Blue Shield of Texas insurance plans. Please visit my website for a complete list of the insurances I accept, and for help with determining what your plan covers. If I am not contracted with your insurance, I will upon request provide you with a form called a “superbill” that you can send in to them for possible reimbursement under your out-of-network benefits.

## **Service Fees**

Current rates are posted on my website and are subject to change at any time. I offer reduced rates for patients without insurance benefits when payment is made in full at the time of service. Additional savings can be had when purchasing an appointment package. Packages are valid for 6 months from date of purchase. No refunds will be given for unused visits.