Financial Agreement & Good Faith Estimate

Confident Nutrition

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Financial Agreement and Charge Authorization

Thank you for choosing Confident Nutrition. This agreement outlines billing, insurance, scheduling, and cancellation policies.

Please review carefully and ask questions if needed.

Billing & Payment

Payment is due at the time of service using the payment method on file. Payments may be made by credit/debit card, FSA, or HSA through the Healthie platform. You agree to maintain a valid payment method on file, which is securely stored by Healthie's PCI-compliant processor.

You authorize Confident Nutrition to charge the payment method on file for any balances identified as your responsibility or for self-pay services.

I raise my fees periodically. When fees change, you will be notified in advance.

Insurance

Confident Nutrition may assist with insurance claims or provide a Superbill for potential out-of-network reimbursement. You are responsible for verifying your insurance benefits and for all non-covered services, deductibles, co-pays, or co-insurance.

You authorize Confident Nutrition to bill your insurance when applicable and to release necessary information to insurance carriers, payers, or government agencies to support payment.

You agree to notify Confident Nutrition of any insurance changes before your next appointment. Failure to do so may result in full personal responsibility for charges.

Scheduling & Cancellations

Your scheduled appointment time is reserved exclusively for you and is your financial responsibility, whether or not you attend.

Appointments cancelled, rescheduled, or missed with less than 48 hours' notice will be charged the full session fee, which you authorize to be charged to the payment method on file. This fee is not billable to or reimbursable by insurance.

If you arrive late, your session will still end at the scheduled time. Arriving more than 15 minutes late without prior notice will be considered a no-show and charged accordingly. Two or more no-shows or late cancellations may result in discharge from services.

If scheduling permits, you may reschedule a late-cancelled or missed appointment within the same calendar week as the original appointment or during the following calendar week. If you attend the rescheduled session within that timeframe, the late cancellation fee will be waived. Rescheduling is subject to availability and is not guaranteed.

You are not responsible for payment for sessions cancelled by the provider. Reasonable notice will be given for planned absences or vacation.

Digital Products

Digital goods (including courses, programs, or workbooks) are not covered by insurance, must be paid for prior to delivery, and are non-refundable, non-transferable, and for personal use only.

Default & Collections

Unpaid balances may be subject to additional finance, collection, or legal fees.

Agreement

By signing, you agree to these financial and cancellation policies, understand the limits of your insurance coverage, and accept responsibility for all charges not covered by your plan. This agreement remains in effect until cancelled in writing.

Good Faith Estimate

This Good Faith Estimate reflects possible service options and frequencies. Actual charges depend on services and frequency. If services or fees change, an updated Good Faith Estimate will be issued.

Primary Service

Nutrition Counseling / Medical Nutrition Therapy (MNT) is a collaborative process between you and the registered dietitian to support your overall healthcare through nutrition education, guidance, and behavior change. These services complement, but do not replace, care from your medical provider. MNT provides personalized nutrition and wellness recommendations but is not medical advice, psychotherapy, or a substitute for diagnosis, treatment, or care by medical, mental health, legal, or other licensed professionals.

List of Services Provided

Dietitian / Medical Nutrition Therapy / Nutrition Counseling (CPT codes used may include 97802, 97803, 99401-4, 98966-8, 98970-2, and S9470, among others) provided by Shelly Najjar, MPH, RDN at Confident Nutrition:

Expected Service Codes	Definition	Expected Charges
97802	initial assessment, face-to-face, 15 minutes per unit	$70 per 15 min, or $350 per 75-min appointment
97803	follow up visit or reassessment, face-to-face, 15 minutes per unit	$62.50 per 15 min, or $250 per 60-min appointment
S9470	nutrition counseling, dietitian visit	$125 per 10-min to 30-min appointment
99401, 99402, 99403, 99404	preventive counseling individual, for approx. 15 minutes, 30 minutes, 45 minutes, or 60 minutes	$62.50 per 15 min
98966, 98967, 98968	healthcare professional phone call, 5-10 minutes, 11-20 minutes, or 21-30 minutes	$41.67 per 10 min

98970, 98971, 98972	healthcare professional online digital assessment and management service [as that offered via Healthie Chat], 5-10 minutes, 11-20 minutes, or 21-30 minutes	$25 per 10 min

Estimated charges vary based on services provided and visit frequency. You can calculate this by multiplying the price for the type of service by the expected number of sessions. Examples of maximum annual charges include approximately $13,100 for weekly 60-minute visits, $9,725 for 90-minute visits every two weeks, and $26,100 for twice-weekly 60-minute visits. These estimates are valid for 12 months from the date of this Good Faith Estimate and replaces any previously provided.

You are responsible for confirming insurance coverage and for any amounts not covered by your plan, including deductibles, co-payments, or co-insurance.

Diagnosis codes may vary based on clinical need or referral and may include ICD-10 code Z71.3 (dietary counseling and surveillance) as well as others.

Provider Information

Confident Nutrition (NPI: 1184254955; EIN: 84-4107123)

Shelly Najjar, MPH, RDN *(practicing at Confident Nutrition)* (NPI: 1861859134)

Disclaimer

This Good Faith Estimate shows the expected costs for services based on information known at the time it was created. Actual charges depend on the services and frequency provided. If services or fees change, an updated Good Faith Estimate will be issued.

This estimate does not include unexpected costs that may arise due to special circumstances or complications. If you are billed more than this estimate, you have the right to dispute the bill.

If billed charges exceed this Good Faith Estimate, you may contact the provider to request a correction, negotiate the bill, or ask about financial assistance. You may also start a dispute resolution process with the U.S. Department of Health and Human Services (HHS) within 120 days of receiving the bill. A $25 fee applies. If the dispute is decided in your favor, you will only be required to pay the estimated amount.

For more information or to start the dispute process, visit **cms.gov/nosurprises** or call the No Surprises Help Desk at **1-800-985-3059**. Keep a copy of this Good Faith Estimate for your records.

☐ **I hereby agree to the document above.**

Name*

First Name: Last Name:

Legal first name

Signature*

(This will require your client's signature)