PAPERWORK FOR NUTRITION COUNSELING

HEALTHY LIVING™
DIABETES & ENDOCRINOLOGY CENTER OF OHIO

DECO Patient Name:

Is scheduled for an appointment with **Francesca Lamoreux, MS, RD, LD**
for
Nutrition Counseling

On _____ at _____ AM/PM

- **Please plan to arrive 15 minutes prior to your scheduled appointment time to allow for check in procedures.**
- **If you are unable to arrive with completed paperwork by your scheduled appointment time it may be necessary to reschedule your appointment. Please call if you are late or unable to make your scheduled time. Early notice appreciated.**
- **A current insurance card, prescription coverage card (if applicable), photo identification and any copay or coinsurance must be presented at check-in.**

To expedite the check-in process, please complete the attached paperwork prior to your appointment.

Please fax, e-mail, or mail paperwork *at least* 48 hours before appointment

Fax: 614-764-1707
Email: DecoDietitian@gmail.com
Mail: DECO, Inc. 7281 Sawmill Road | Dublin, Ohio 43016

If you have any questions regarding this paperwork or your visit, please contact our office at (614)764-0707

We are here to assist you Mon – Wed 7:30am-3:30pm, Thurs 8:00am-5:00pm, and Fri 7:30am-2:30pm

****Please be sure to complete all applicable pages in this packet****

Weight and Nutrition History Questionnaire

****Please skip any questions that are not relevant to your needs (i.e. if you are not seeing the dietitian for weight loss)****

Have you seen a Registered Dietitian before? ☐ Yes ☐ No **How recently?** _____

What is your reason for seeing DECO's Registered Dietitian? ☐ Weight loss needs ☐ Weight gain needs ☐ Carb counting education

☐ To gain general nutritional health knowledge ☐ Recent diagnosis and confusion with diet needs/changes (**diagnosis**: _____)

☐ Other _____

How did you learn about or were referred to DECO's dietitian? _____

Current Height: _____ **Current weight?** _____

Have you lost or gained any weight in the last year? ☐ Yes ☐ No **If yes, How much (gain or loss?)** _____

Goal weight (not required) _____ **Highest weight in last 5 years?** _____ **Lowest weight in last 5 years?** _____

Please list any current vitamins/minerals, herbs, or supplements not on above medications list (if all are listed skip this question):

_____

_____

Please list any food allergies (i.e., shellfish, dairy, wheat)

_____

Please list any food *intolerances* (i.e., lactose, sugar alcohols, sugar alternatives, etc.):

_____

Please note *strongly disliked* foods:

_____

Are you currently or regularly experiencing symptoms of: ☐ Nausea ☐ Vomiting ☐ Diarrhea ☐ Constipation ☐ Gas ☐ Reflux

Do you follow a special diet? ☐ None ☐ 'Diabetic' ☐ Low carb ☐ Gluten Free ☐ Low Salt ☐ Vegetarian ☐ Vegan ☐ Heart healthy

☐ Other _____

How many meals do you eat daily? _____ **Do you eat a snack(s) during the day?** ☐ Yes ☐ No ☐ "Graze" all day long

Number of meals eaten out per week? _____ **Are these most often sit down, take out, fast food, or a combination?** _____

What meal is normally eaten out? ☐ Breakfast ☐ Lunch ☐ Dinner **Are these meals with family or friends?** ☐ Yes ☐ No ☐ Sometimes

Do you consume alcohol?

☐ Yes ☐ No **Type consumed?** ☐ Wine ☐ Beer ☐ Liquor **Frequency?** ☐ <1x/month ☐ 2x/month ☐ Weekly ☐ Daily

Have you made attempts to "diet", follow a meal plan, or partake in a weight loss program? ☐ Yes ☐ No **How many?** _____

What is the longest you have stayed on a personalized diet plan or been with a weight loss program?

☐ 0-2 months ☐ 3-6 months ☐ 7-12 months ☐ Over 12 months

What weight loss or diet change methods have you tried in the last 5 years?

☐ Weight Watchers ☐ Food logging ☐ Weight Loss Medications ☐ Other Diet Centers ☐ Physicians ☐ Do It Yourself ☐ Other _____

If applicable, why have you discontinued the above methods of weight change?

_____

If applicable, which weight loss/ diet change method do/did you consider most successful, and, what accounted for this success?

_____

(If applicable) How important is it to you to lose weight?

☐ Extremely Important ☐ Very Important ☐ Important ☐ Not Very Important ☐ N/A

(If applicable) Why do you want to lose or gain weight?

☐ Promote social activity ☐ Appearance ☐ Special Occasion ☐ Health Reasons ☐ To Please Others ☐ Other _____

Social/Environmental History

Marital Status? ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Living with partner **Who does majority of groceries/ cooking?** _____
Do you feel supported in your goals? ☐ Yes ☐ No
Number of children (if applicable):_____ **Ages?**_____ **Do they live in your household?** ☐ Yes ☐ No ☐ Part-time
Do You work outside of the home? ☐ Yes ☐ No ☐ Work from home **Occupation?** _____

How often do you exercise? ☐ Rarely ☐ Occasionally ☐ 1-2 times per week ☐ 3-4 times per week ☐ 5 or more times per week
Type of exercise you do:_____ **Length of time:** _____
Has a doctor or other health care professional ever told you not to exercise? ☐ Yes ☐ No
Do you know any reason why you should not exercise? ☐ Yes ☐ No **If yes why?** _____

Are you presently going through any major lifestyle change (marriage, divorce, job change, move, illness, death of a loved one?)

_____

Do you suffer of have ever suffered from depression, anxiety, insomnia, or disordered sleep patterns? (PLEASE Specify)

_____

Do you or have you ever experienced disordered eating patterns? (i.e. anorexia, binging, and/or purging) ☐ Yes ☐ No
If yes to above, is this a current concern? ☐ Yes ☐ No
Have you in the past -or- are you currently seeking treatment? ☐ Yes ☐ No

Diabetes & Endocrinology Center of Ohio (DECO), Inc.

Financial Policy

Insurance Information

As a courtesy to our patients, we will file claims to your insurance(s). Please note, your health insurance is a contract between you and your insurance company, so it is your responsibility as the patient to make sure our physicians are covered under your plan. All insurance companies do not carry the same benefits so the services rendered to you in this office may or may not be covered. It is the patients' responsibility to know what is covered and if you need a referral.

1. **A valid insurance card must be presented at each visit.** If you do not have an insurance card with you and you are unable to obtain a copy prior to your appointment, you MUST provide a valid copy of your insurance card within 30 days. Failure to provide a valid and active insurance card within 30 days will result in patient being billed for the full amount of services rendered.
2. **Co-pays are due at the time of service**. If you do not have the co-pay amount, this may be billed to you.
3. **LAB SERVICES**: **Quest Diagnostics** (lab office at DECO) bills for all traditional Medicare, Medicaid, Tricare, Champva, Caresource, Molina, Aetna, UHC, Oscar, Medigold, and Anthem insurances. Quest will bill for all services rendered in the lab and patient is responsible to pay Quest in a timely manner.
4. **OUT OF NETWORK INSURANCES**: If your insurance is out of network with our office or providers, you are financially responsible for payment of all rendered services at DECO. It is your responsibility to know this information, please contact your insurance carrier for a list of all in-network providers/facilities.

Dietitian Services

Patients who are participating in the DECO Healthy Living Program will be charged a $14 service fee for ALL visits (virtual and in-office) plus the cost of product. We do bill your insurance for the medical monitoring and labs required for the program. For patients who wish to see the dietitian for only nutrition counseling services (including meal planning, carb counting, recipe review, etc.) your insurance will be billed. Most insurance companies will pay for a percentage of nutrition counseling services, you will be responsible for any portion that is not covered by your insurance company. For patients who attend group classes with our Registered Dietitian, your insurance will be billed for the class; however, we will not pass along any additional charge to the patient. Patients who no-show their visit with the Dietitian, or have re-occurring late cancellations, will be charged a no-show fee up to $25. Patients with Medicare must have a diagnosis of diabetes to schedule appointments for nutrition counseling.

Self-Pay/Private-Pay Patients

All patients without insurance must pay for the visits at the time of service. Copies of the self-pay rates will be available upon request. **This applies to patients who DO NOT have any insurance. We do not offer self-pay or private-pay rates to patients with insurance.**

Statements

Patient balance statements are generated and sent to patients approximately every 30 days. Patients will receive a text message, an email, and a paper statement. Patients can opt-out of paper statements. Patients can pay online, over the phone, or by mail. We kindly request prompt payments as accounts with balances over 90 days old may be flagged for collections and dismissal.

Payment Arrangements

Under special circumstances payment arrangements can be made with our billing department. They can be contacted at 614-764-0707. Ask to speak with the billing department. Payment plan payments are processed on the 15th of each month.

Financial Agreement

The responsible party agrees to pay any amount that is allowed but not paid by the insurance company, within 90 days. Failure to keep your account current may result in suspension of treatment or in the termination of the patients' relationship with the practice and providers. Unpaid accounts will be sent to a collection. We accept cash, check, MasterCard®, Visa®, American Express® and Discover®. Checks that are returned as Non-Sufficient Funds will be assessed a $25.00 returned check fee.

I have read and fully understand the above policy.

_____ _____

Patient Name (Please print) Date of Birth

_____ _____

Patient or authorized Representative Signature Date

Dietitian Services Cancellation and No-Show Policy

We understand that situations arise in which you must cancel your appointment. It is therefore requested that if you must cancel your appointment, you **provide more than 24 hours' notice**. This will enable another person who is waiting for an appointment to be scheduled in that appointment slot. When cancellations are made with less than 24 hours' notice, we are unable to offer that slot to other patients.

Consistent occurrences of any three of the following: no shows, late arrivals, or same day cancellations may lead to a discharge from the program. **No show appointments or appointments which are cancelled less than 24 hours in advance will be subject to a 'no-show' fee up to $25 (this fee is for dietitian services only. No-show and late cancellations fees defer for other appointments with DECO)**. *This will be strictly enforced for any reoccurring no show appointments*.

Patients who do not show up for their appointment without a call to cancel the appointment will be considered as NO SHOW.
The cancellation and no-show fees are the sole responsibility of the patient and must be paid in full by the patient's next appointment.

We understand that special unavoidable circumstances may cause you to cancel within 24 hours. Fees in this instance may be waived but only with the program director's approval. Our program firmly believes that good staff/patient relationship is based upon understanding and good communication.

Questions about cancellation and no-show fees should be directed to the program director at 614-764-0707.

_____ _____
Patient Signature Date

Consent for Service

Assigned of Insurance Benefits

I hereby authorize direct payments of medical benefits to Diabetes & Endocrinology Center of Ohio, Inc for services rendered by them in person or under their supervision. I understand that by signing this form, I am financially responsible for payment of any balances due.

Failure to complete all information may result in patient being billed directly for services.

Consent to Treatment

I hereby authorize treatment by the providers and staff as they deem medically necessary for conditions diagnosed.

Printed Name:_____ **Date**_____

Patient Signature_____

_____ ☐ **Yes** ☐ **No** I consent for my email provided to be added to the DECO Dietitian's email list so I can receive Monthly Newsletters with FREE group classes and healthy living tips (1-2 emails per month will be sent)