

## TNT Informed Consent and Agreement – Insurance

I hereby consent to voluntary participation with Total Nutrition Technology Inc., herein after referred to as TNT. TNT's services have been explained and I fully understand both the risks and benefits of the program. Furthermore, the level of training and credentials of those providing the service have been disclosed to me. All costs of these sessions have been outlined for me as well. INITIAL \_\_\_\_\_

TNT will provide leadership to direct my weight/health management program, monitor my performance, and evaluate my progress. I agree to inform TNT of any changes that occur in my health or medications during my participation that may not be documented on the TNT Evaluation Form. INITIAL \_\_\_\_\_

I have been provided with the duration of time it may take for me to reach my desired goal and I understand that it is my responsibility to contact my medical doctor for any medical issues that arise while participating in the TNT program. INITIAL \_\_\_\_\_

TNT has informed me that the information obtained and discussed in the program will be treated as confidential and will not be released to any person without my expressed written consent. INITIAL \_\_\_\_\_

Nutritional counseling sessions with the Registered Dietitian can range between 30-90 minutes. I understand complete personal attention cannot be given to me unless all of my scheduled appointments are attended and on time. For this reason, it is in my best interest to come to each session on time, prepared, and keep to the relevant topic. Cancellation of appointments will not be accepted without a **24-hour notice**. If I am unable to make my appointment that will count as a missed session and I give TNT consent to charge \$25 to my credit card (secured on file) for not adhering to this policy INITIAL \_\_\_\_\_

CC Type:

CC Number:

Expiration:

CVN #:

### Financial Responsibility:

- As a courtesy, TNT will check my eligibility for nutritional counseling benefits but will not be held responsible for an incorrect benefit summary provided by BCBS. I have been advised to contact member services/refer to my benefit booklet to confirm benefits as well. INITIAL \_\_\_\_\_
- BCBS Disclaimer: Verification of benefits or coverage is not a guarantee of eligibility or payment. Actual payment is based on the terms and conditions of the plan. All claims are subject to review upon submission. INITIAL \_\_\_\_\_
- Should my insurance company choose to stop paying for my nutritional services for whatever reason, or not cover the billed amount, I understand I have the option to terminate future services; however, I am still responsible for any previous services not paid. In the event I choose to continue with TNT's services I understand it will be an out-of-pocket expense at TNT's reduced rate of \$50 per 30-minute session. This reduced rate will also be the dollar amount owed for any session left unpaid. INITIAL \_\_\_\_\_
- If I pay more than what I owe for any service, I agree it can be used to pay for any unpaid bills I have with TNT. If there are no outstanding bills with TNT, I will be refunded this money. INITIAL \_\_\_\_\_

**I acknowledge that I have read this document in its entirety and consent to and agree with the program as explained. Furthermore, I have given accurate information to the best of my knowledge regarding my current health risk and condition. I hereby release TNT and its officers, employees and independent contractors, including but not limited to consultants from any and all claims for damages.**

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Client Name (Please Print)

TNT Registered Dietitian: \_\_\_\_\_