Katie Mott, MS, RD-Registered Dietitian, Coordinator
Goryeb KidFit Program
55 Madison Avenue, Morristown, NJ 07962
Phone: 973-971-8824 Fax: 973-290-7367
https://www.atlantichealth.org/goryebkid-fit

Morristown Medical Center
ATLANTIC HEALTH SYSTEM

Kid-FIT^{MED}
Department of Pediatric Endocrinology
100 Madison Avenue
Morristown, NJ 07960
Phone: 973-971-4340 Fax: 973-290-7367

Office & Financial Policy

Our goal is to provide and maintain a good physician and patient relationship. Letting you know in advance of our office and financial policy allows for a good flow of communication and enables us to provide the best level of care. Please read this carefully and if you have any questions please do not hesitate to ask a member of our staff.

WE MUST EMPHASIZE THAT AS MEDICAL CARE PROVIDERS OUR RELATIONSHIP IS WITH YOU, NOT YOUR INSURANCE COMPANY.

1. Please inform our front desk staff if there have been any changes in your insurance coverage.
2. You are responsible for any and all copayments and deductibles as indicated by your insurance company.
3. It is YOUR responsibility to understand YOUR benefit plan and what services are covered. Although the provider may participate with your insurance, it does not necessarily mean all services will be covered. Any services not covered by your plan will be your responsibility.
4. If your insurance plan requires a referral, it is your responsibility to obtain such prior to your appointment.
5. Co-payments are due prior to being seen by a practitioner.
6. We request 24 hour cancellation notice of all appointments. **There will be a $30 charge for cancellations with less than 24 hours notice or failure to show for an appointment.**
7. Physician and Nurse Practitioner Services are billed under Atlantic Medical Group (a multi-specialty medical practice owned and operated by Atlantic Health) using CPT codes 99245 and 99215
8. NUTRITIONAL COUNSELING is billed under Morristown Medical Center as an outpatient service using CPT codes 97802 and 97803. Please check with your insurance to see if it is covered. If it is not covered then you will be billed at a rate of $80/15 minutes. Financial assistance may be available.
9. The diagnosis codes that are typically used are rapid weight gain (ICD-10 R63.5), BMI > 95th percentile (ICD-10 Z68.54), or obesity (ICD-10 E66.9).
10. Exercise counseling and body fat analysis will be included with your first 6 monthly visits. These services will be billed as a separate appointment after that.
    a. Consultation with the exercise physiologist will be a $25 consultation fee. Flexible spending may be used. Please check with your insurance carrier.
    b. Body fat analysis may be a part of your continuing treatment at the cost of $50/analysis.
11. It is the patient's responsibility to verify coverage for lab services from their insurance provider.

I have read and understand the financial policy of this practice and I agree to be bound by its terms.

_____ _____

Patient's Name (please print) Date

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Parent's Name and Signature