

Nurture Lactation, LLC
Miriam Pokharel-Wood, IBCLC, MSW
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www.nurturelactation.com
410-297-0677

Payment Policies

Self-pay (out-of-network) clients:

I will provide you with a superbill suitable for you to submit to your insurance. The superbill (which will also serve as a payment receipt) will be coded appropriately to the level of service provided during the visit. You agree to pay me at the time of the visit (cash, check, credit card, or FSA).

Nurture Lactation is providing care to me and to my baby or babies; together we are all the client of Nurture Lactation and Miriam Pokharel-Wood, IBCLC My initial visit includes 1 week of follow up support by secure messaging.

If my location has a travel fee applied, I understand that this is not eligible for insurance reimbursement. I am responsible to verify my own lactation benefits. Nurture Lactation can only see that I have benefits, they cannot see if I have any special circumstances that might prevent my insurance provider from covering services. I understand I should refer to my plan benefits and call my insurance directly to verify lactation coverage.

Nurture Lactation may communicate with my insurance company in reference to the services provided to me and my baby or babies. Nurture Lactation may communicate with my credit card company or bank for any payment related matters. It is my responsibility to provide accurate and current payment and insurance information. I will update my credit card information as needed and am responsible for any costs and fees associated with my failure to provide updated information.

These policies apply to Nurture Lactation and its representatives.

SquareUp: Payments may be made electronically using a credit card or fund transfer. I use SquareUp to process payments. SquareUp meets the high standards of HIPAA and the banking industry for security and privacy with regard to financial transactions. However, SquareUp may send, automatically or per your request, email or text message receipts that reveal personal health information such as the date and type of lactation visit. If you are not comfortable with this, payment may be made via cash or check instead.

Cancellation policy: I understand that I am responsible for all charges associated with this visit. If I cancel with less than 24 hours notice, my credit card on file will be charged \$50.

Returned Check: I understand that a \$50.00 service charge will be levied on all checks returned due to insufficient funds or for any other reason. Returned checks will not be deposited. I must cover the returned check with cash, money order or certified check.

Messaging Disclaimer

Nurture Lactation provides a secure messaging portal through Signal with the practice's phone number (410)-297-0677. It is recommended that I download this free app for receiving and sending messages to Miriam Pokharel-Wood, IBCLC. I understand that I am not obligated to use secure messaging, and if I opt out of secure messaging by initiating communication by text or email Miriam Pokharel-Wood, IBCLC will respond. I understand that email and text are not secure means of communication, and give my permission for Miriam Pokharel-Wood to send and receive texts and emails that may contain my Personal Health Information (PHI) if initiated by me.