KOKUA Lifestyle and Nutrition

Insurance Coverage Verification

It is the patient's responsibility to verify insurance coverage for their specific plan for Medical Nutrition Therapy or Nutrition Counseling benefits. Any resulting balance is the patient's responsibility to pay in full.

Practitioner Name: Shelby Slenkamp NPI: 1790331056

Name: ____ Date ____/____/____

Patient Address: ________________________________ City, Zip ______________________

Patient Phone Number: (___)______-________ Email ______________________________

Payment Information

I understand that it is my responsibility to check my specific insurance plan benefits and that any resulting fee will be my responsibility to pay in full and the credit card/debit card/FSA/HSA below will be charged:

Card number _______-__________-___________-_____________ Exp date ________

Security code:_______

SIGNATURE x____ Date ____/____/____

Office Use Only

I, Shelby Erin Slenkamp, MS, RDN, CD, DBA Kokua Lifestyle and Nutrition, will *only* charge your card in the event of a no-show ($50), a late cancellation within 48 hours of appointment start time ($30), you are self-pay, or after your visit claim has been processed and you have been notified.

Office signature x____ Date ____/_____/_____