

Consent and Financial Agreement

Nurturing Naturally, LLC
Jillian M. Malan, BA, IBCLC
International Board Certified Lactation Consultant L-32762

427 Rissman Lane, Ortonville, MI 48462
Phone: 248-376-7780
EIN #45-3301688
NPI #1548537178 - CAQH #1350608

Mother's Name: _____ Infant's Name: _____

Address: _____

Medical Insurance Carrier: _____

Group #: _____ Insurance Phone: _____

Who referred you to this practice? _____

Consent

- Jillian M. Malan, BA, IBCLC is an allied health care provider and responsible for evaluating and recommending a care plan for breastfeeding concerns.
- A consultation includes a detailed history of mother/infant, an assessment of maternal/infant anatomy, observation of a feeding,, and recommendations for management to address breastfeeding concerns.
- All clients are provided with a written and/or oral care plan. A copy of the written plan will be provided to my or my child's physician.
- I give my express consent and authorization for Jillian M. Malan, BA, IBCLC and Nurturing Naturally, LLC to contact my or my child's physician as needed and to release any information to our health care providers, referring lay breastfeeding counselor, or our insurance company.
- Resolution of breastfeeding challenges often take several days or weeks, and may require a change in the original recommended care plan at some point.
- Follow up visits are sometimes necessary.
- Breastfeeding supplies may be recommended as effective management of specific situations.
- I am responsible for discussing changes I feel are necessary in the care plan at the time of the visit or during the course of follow-up communications.
- It is my responsibility to call with progress, questions, or concerns.
- Any change from my physician's recommendations or issues of a medical nature should be discussed with my physician.
- I have received a copy of Nurturing Naturally, LLC's HIPAA Privacy Practices, or understand it is available oat www.NurturingNaturallyLLC.com.
- I give permission for information, photos and/or videos of my lactation visit to be used in lactation articles or studies for professional education.

Financial Agreement

- I am ultimately responsible for all fees associated with this consultation.
- It is my responsibility to pursue reimbursement for lactation services from my insurance company. Reimbursement is not guaranteed, but filing is strongly suggested.
- If Jillian M. Malan, BA, IBCLC is contracted as an in-network provider with my insurance plan, she will bill my insurance plan directly for both me and my baby.
 - I am financially responsible for any co-pays or deductibles that may apply.
 - I authorize the release of any medical or other information to process this claim.
 - I authorize payment of medical benefits to Jillian M. Malan, BA, IBCLC and Nurturing Naturally, LLC.

Signature: _____ Date: _____