

CONSENT FOR LACTATION CONSULTATION VISIT



SUSAN WEYER, RN, IBCLC – BIRTH & BREASTFEED with CONFIDENCE



A Lactation Consultation visit usually includes a **confidential** in-depth health history of both mother and baby and is subject to HIPPA rules and regulations.

A consultation further includes visual and physical assessment of a mother's breasts and a baby's mouth. The Lactation Consultant will observe mother and baby breastfeeding and assess for proper positioning/latching technique and assess transfer of breastmilk with demonstration for improving breastfeeding technique if necessary. This usually consists of "hands-on" assistance and possibly the use of equipment. I give permission for the Lactation consultant to do all of the above.

I understand that my fee for service/**payment is due at time of service** as Susan Weyer, RN, IBCLC's practice does NOT do third party billing. The fee of \$ _____ is for a 1.5 hour in-home consultation & was agreed upon prior to the visit and payable to Susan Weyer by check/cash/credit. This fee includes a written **Report** and **Breastfeeding Plan**. Follow-up is usually done by telephone. IF another visit is necessary that can be discussed at the time of this visit with an additional fee of \$ _____ or arranged at a later date.

* If more time is required for this visit (i.e. twins/multiples), an additional fee may apply and this can be discussed at the time of the visit.

** Travel fee is sometime included in the cost for visit if you live outside the 30 mile/30 min. radius/discussed PRIOR to visit

It is my understanding that I will receive the necessary paperwork with the proper codes to submit to my insurance company to try to seek reimbursement for the consultation along with any receipts for equipment rented or purchased.

I understand that there is **NO GUARANTEE** that insurance will reimburse the fee for this visit. I authorize information to be released to my insurance company to assist in evaluation of a claim.

Furthermore, I grant permission for information about this and all additional follow-ups to be shared with my attending physician/baby's pediatrician and a report can be sent to my healthcare provider if I request. A "team" approach is usually best to resolve breastfeeding issues. Any and all medical advice should be shared with your baby's health care provider.

Furthermore, I understand that there is no guarantee that the breastfeeding issue will be resolved, but I fully expect a professional and respectful approach to trying to solve whatever lactation issue there may be. I also expect to have follow-up support by phone or another visit scheduled if necessary. All health history I have shared is accurate and up-to-date for both myself and my baby (ies).

SIGNATURE

DATE

Thank you for allowing me to work with you and your beautiful baby (ies) to try to resolve your breastfeeding issue and work towards your breastfeeding goals!