

# NUTRITION CONNECTIONS

## Payment Policies

Payment for services is due on the day of service by cash, check or credit card.

Fees for nutrition counseling are as follows:

Initial Assessment:	\$200 (60 minute sessions)
Follow up appointments:	\$140 (50 minute sessions)
Consulting Fee (non-patient consulting)	\$200 (60 minute sessions)

My payment for nutrition counseling visits includes dietitian communication with other members of my treatment team and reasonable phone communication with my dietitian and staff at no extra charge. Extensive phone communication or phone calls that replace follow-up care, whether scheduled or unscheduled, will be billed at the rate of \$30 per quarter hour.

Insurance coverage is not valid for payment. Upon payment, Laura May-Roelse will provide a coded receipt for services (a "Superbill") that may be submitted to insurance providers for reimbursement. These receipts indicate that any reimbursements should be made to the patient or insurance holder, not to Laura May-Roelse. In the event of a mistaken insurance payment to Laura May-Roelse, the insurance check will be voided and sent back to the insurance company with an explanatory letter, and I will be notified with a copy of this letter and voided check.

Appointments are reservations of the dietitian's time, keeping other patients from reserving that time. Therefore even if I do not attend my scheduled appointment, I will be charged for the time reserved. If notice is given in a timely manner (at least 24 hours in advance of my scheduled appointment or 72 hours in advance for Monday appointments), I will not be charged at all.

## Credit Card Authorization

Visa Mastercard American Express

Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Last three numbers from back of card \_\_\_\_\_

My signature below signifies that I have read, understand, and agree to abide by the above policies, and grants my permission to Laura May-Roelse to charge my credit card for any appointment which is not paid for any reason the day of service, or for any appointment that is not canceled in the timely manner described above.

Signature \_\_\_\_\_