



Financial Agreement and Cancellation Policy

Financial Agreement

Payment for services is due at the time of the appointment, unless other arrangements have been made in advance. I am not a provider for any insurance companies however I will be happy to provide a receipt of payment which may be submitted to your insurance carrier for reimbursement. The insurance carrier may or may not reimburse for the services provided. It is the client's responsibility to collect reimbursement for the services from the insurance carrier.

I accept credit/debit cards (Visa, Master Card or American Express), check or cash. If a check is not provided at the time of service, I will charge the credit/debit card listed on the Debit/Credit Card Release form. **Please make checks payable to Germanese Nutrition Consulting, LLC.**

Fees for Services:

Nutrition Counseling, Initial Assessment (60 minutes).....	\$100.00
Nutrition Counseling, Follow-up (50 minutes).....	\$85.00
Nutrition Counseling, Follow-up (30 minutes).....	\$50.00

Cancellation Policy

No charge for any cancellations greater than 48 hours ahead of time. The full fee will be charged for no-shows or cancellations within 48 hours of the appointment time.

I, _____ agree to the above defined financial and cancellation policies for Germanese Nutrition Consulting, LLC. In the case of default of payment, I am responsible for full payment of the balance, any collection costs or legal fees incurred to collect on this account. I have read, understand, and accept the information and conditions specified in this agreement.

Client/Guardian Signature

Date



DEBIT/CREDIT CARD RELEASE

I, _____, agree to let Germanese Nutrition Consulting, LLC keep my credit card information within its confidential billing system. I also give permission to Germanese Nutrition Consulting, LLC for the use of my credit/debit card for payment for nutrition services (if the services are not paid for by check at the time of the appointment), including less than 48 hour notice cancellation fees.

Please check one:

- Visa
- Mastercard
- American Express

Credit Card #: _____ Exp. Date: _____

Name on Credit Card:

V-code on reverse side of Credit Card: _____ (3 digits)

Email Address to send Invoice:

Billing Address for Credit Card:

Client signature: _____ Date: _____