



Healthy Hearts NUTRITION

Office Policy Information

Payment:

Healthy Hearts Nutrition LLC accepts cash, check, Visa, MasterCard, American Express, HSA, and FSA as forms of payment. Payment is expected prior to the start of the service. Checks are to be made payable to Healthy Hearts Nutrition LLC.

There will be a \$30.00 charge for all returned checks.

Cancellation Policy:

Individual appointments are scheduled for a specific time. You will be charged a fee for missed individual appointments unless the R.D. is notified of cancellation at least 48 hours in advance, or in cases of emergency. Fee for missed appointment-\$50.00.

Confidentiality:

All information disclosed within sessions is confidential as outlined in the HIPAA notice of Privacy Practices.

Medical Insurance:

If utilizing insurance for payment, I give Healthy Hearts Nutrition LLC permission to bill my insurance company for services.

Medical insurance companies may or may not offer coverage for medical nutrition therapy. Carefully investigate the type of coverage you have. If my insurance rejects a submitted claim or only partially pays the claim, I am responsible and will pay the full balance for the services rendered.

Please initial _____ I acknowledge my credit card will be charged for the remaining balance if my insurance company does not reimburse in full.

Please initial _____ I acknowledge my credit card will be charged \$50.00 for missed appointments without a 48-hour notification.

Type of Card: _____

Card Number: _____

Exp. Date: _____

Security Code: _____

Name as it appears on card: _____

Billing Zip Code: _____

Appointments:

Appointments start on time. If I am late, I may use the remaining time of my appointment but not beyond that. I will be required to pay for the entire cost of the visit.

I have read and understand the above information.

Signature of Responsible Party: _____

Date: _____