



Welcome! I am glad to have the opportunity to work with you to achieve your health/nutrition goals. The following policies have been established to assist our work together. Please feel free to comment or ask any questions. It is our intention to partner with you to deliver optimal health and Nutrition.

Confidentiality

All sessions are confidential. Paperwork outlining privacy practices for this office is presented and signed during the initial session.

Appointments

Initial consult and comprehensive sessions are typically 60 minutes, follow ups are 30 minutes; all appointments are scheduled in advance. I will make every effort to begin sessions on time and appreciate that we work together to end on time as well. Consideration for all scheduled appointments is necessary. If you are late to an appointment you may use the remaining time of scheduled appointment but not exceed allotted time. Payment will be based on how an appointment was scheduled.

Billing and Insurance

All services may be paid with Credit Card, Cash or check payable to The Berman Group for Wellness & Nutrition, LLC and is due at the time of service. There is a \$30.00 fee for returned checks. Please inquire about the insurance companies we participate with. If we do not accept your particular coverage we will gladly prepare a superbill which may be submitted for partial reimbursement. However a superbill does not guarantee reimbursement. It is the patient's responsibility to verify that medical nutrition therapy is covered. If utilizing insurance for payment you are giving The Berman Group for Wellness and Nutrition, LLC permission to bill your insurance company for services.

Cancellations

24 hour notice is required for all cancellations. There is a \$40 fee for all appointments not cancelled within this time frame.

My signature certifies that I have read and completed this form to the best of my ability. I understand that if my insurance denies coverage for nutritional counseling or rejects a submitted claim for any reason I am responsible for 100% of the payment.

In addition I understand that the recommendations and education provided by The Berman Group for Wellness & Nutrition should not be used in place of medical advice.

Signature _____ Date _____