Payment and Cancellation Agreement:

- All services may be paid with cash, check, or credit card and payment is expected at the time of service
- If purchasing a package, all packages have an expiration date.
    - 3 session expires 4 months after purchase date
    - 6 session expires 7 months after purchase date
- All appointment cancellations must be completed 24 hours in advance. Failure to cancel within 24 hours will result in a $50 fee
- There will be a $30.00 charge for all returned checks.
- Appointments start on time. If tardy, the remainder of the appointment will be available but not beyond that. The patient is required to pay for the entire time of appointment.
- Unpaid balanced in excess of 30 days will be subject to a service charge of 1.5% per month.
- All balances will be required to pay in full 90 days from the scheduled date of service. If payment is not received, this document serves as consent to charge the remaining balance on the credit card on file.
- Meredith Magnini RD requires the patients credit card information to be held on file.

Insurance Coverage & Policy

Meredith Magnini RD-Wholehearted Nutrition & Wellness is a provider for most CIGNA plans except for SeniorFit, Local Plus, and Connect.

- Please verify your benefits coverage ahead of your scheduled appointment (see attached script)
- Insurance card and photo ID must be present at time of appointment. If payment is declined by the insurance company, the client is responsible for payment.
- For all other insurance companies, the client is asked to file for insurance reimbursement. Please contact your insurance company prior to your first appointment to obtain reimbursement details. Upon payment at each session, a claim submission form for insurance reimbursement will be provided

Type of Card: _____ Card Number: _____

Exp Date: _____ Security Code: _____ Billing zip code: _____

This will only be used in case insurance does not cover your sessions or you fail to cancel an appointment within 24 hours. You will be notified by email prior to your card being charged.

I understand that by working with Meredith Magnini RD, I must comply with the payment and cancellation policies listed above. This not only respect the time and expertise provided by the clinician but will also help me to make progress on the goals and plans that I have committed to. By signing this agreement, I am indicating that I understand these policies and agree to adhere to them.

I also understand that the recommendations and education provided should not be used in place of medical advice.

Client Signature: _____

Date: _____

Updated 2/2020 MM