**Nutrition Policies**

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 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.
* Unpaid balanced in excess of 30 days will be subject to a service charge of 1.5% per month.
* I have obligated to pay my account in full 90 days from the scheduled date of service. If I do not pay my account in full within this time period I acknowledge my credit card will be charged for the remaining balance.
* Meredith Magnini RD required I provide my credit card information to be held on file.

Type of Card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Exp Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Security Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Billing zip code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_