

New Client Agreement

Payment

Unless other arrangements have been made, payment is due at the time of service. If using medical insurance, copay/coinsurance payment, if applicable, is due at the time of your appointment. Cash, check and credit card are accepted. Checks can be made payable to LeeAnn Weintraub, MPH, RD.

Cancellation

If you must cancel or reschedule your appointment, please do so at least 24 hours in advance. Appointments missed/cancelled without required notice are subject to a \$30 missed appointment fee.

Medical Insurance

Insurance coverage and reimbursement for nutrition services vary by company. Please check with your insurance provider regarding their policy on reimbursement for nutrition services. For out-of-network insurances, LeeAnn Weintraub, MPH, RD will provide you with a form (superbill) that may be self-submitted for potential insurance reimbursement.

I, the undersigned, have read and agree to the conditions as outlined above in that:

1. I understand that I will be responsible for payment of copay/coinsurance, if applicable, at the time services are provided by LeeAnn Weintraub, MPH, RD
2. I understand that a change or cancellation of my appointment requires at least 24 hours notice.
3. I understand that the paperwork I receive from LeeAnn Weintraub, MPH, RD must be *self-submitted* to seek medical insurance reimbursement.
4. I will not hold LeeAnn Weintraub, MPH, RD liable for any damages incurred while receiving services.

Signature of responsible party: _____ Date: _____