

Office Policies/Procedures/Rates

Payment:

Our policy remains “**Payment Due When Services Rendered**”. For your convenience we accept **charge and debit cards** for American Express, Discover, MasterCard, or Visa as well as your personal checks with a valid driver’s license; or cash. Any follow-up phone consultations should be prepaid or charged to your charge card. **Should we have a returned check, there will be a \$30.00 service charge.**

Appointments:

We do our best to schedule your appointment at a time that is convenient for you. If you are unable to keep your appointment, **please call our office at 407-629-5504 (not the dietitian’s cell) and allow a 24-hour notice; otherwise we will bill for the time scheduled. (This policy is enforced.)** If you have a Monday appointment, please try to cancel before 3:00 pm on the previous Thursday. Much time and effort is put into scheduling and confirming your appointments and since that time is reserved for you, we have to tell other clients that we are booked. Last minute cancellations and no shows make it impossible for us to utilize that time for other patients who also need to be seen.

Current Rates (effective April 1, 2011):

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|----------------------------|----------|
| Initial Consultation | \$175.00 |
| Extended Follow-up (1 hr) | \$130.00 |
| Follow-up session (30 min) | \$ 65.00 |

Included in our fee for consultation is a report to your primary care provider and/or counselor. We will also provide you with an appropriate receipt for service.

Charges for additional administrative services are as follows:

| | |
|---|---------|
| Letters to attorney’s / Summary reports to institutions / Annual Receipts | \$35.00 |
| Requested phone call to people outside your medical care team | \$35.00 |
| Faxed information to insurance carriers or any other request (<i>cost per page</i>) | \$ 1.00 |

Insurance Receipts:

Please note that we are not computerized. If you would like to file with your insurance or are going to need super bill type receipts for tax purposes, please let us know in advance so that we can provide you with these receipts as the services are rendered. This will avoid requests for annual statements/receipts and will prevent you from incurring additional expenses.

Client Name (printed): _____

Client Signature: _____

Date: _____

Parent/Guardian Signature: _____

These policies are enforced to maintain the commitment to our employees and their families and our ability to continue providing the highest quality service to the next client.

Thank you,
Karen Sue Beerbower, MS, RD, LD, CEDRD
President