



NUTRITION POLICIES

PAYMENT:

Payment in full, by cash or check, is expected at the initial nutrition package session unless other arrangements have been made. In addition to appointments within the nutrition package, we charge for other professional services you may need, such as telephone conversations, email dialogues, attendance at meetings with other professionals that you have authorized, preparation of records or treatment summaries, and time spent performing any other service you may request. Fees for sports nutrition services are:

Package #1: \$375.00 (1 hour initial + 2-30 minute follow up appointments)

Package #2: \$515.00 (1 hour initial + 4-30 minute follow up appointments)

Follow-up appointments:

***One 30 minute follow up: \$80.00**

***Three 30 minute follow ups: \$225.00**

***Six 30 minute follow ups: \$425.00**

EMAIL AND TELEPHONE CONTACT:

We charge for *any* email and telephone contact that is of "session" nature. We encourage updates and information about you or your child. However, the time we spend reading emails of this nature or speaking with you on the phone about such issues is time that we are performing our role. There will be a minimum charge of \$25.00 for this type of correspondence. Charges beyond the \$25.00 contact fee will be based and prorated on our session rate.

CANCELLATION POLICY:

Once an appointment is scheduled, we will be enforcing a strict *24-hour policy* for cancellation. This reasonable prior notice of cancellations permits us to better accommodate other client's needs. If you do not provide us with a 24-hour notice, our policy is to charge the full appointment fee and count it as one of your nutrition sessions within the package. Exceptions to this policy include cases of family/medical emergency and illness, and severe weather. Appointment reminder calls are not made. Please make every effort to be on time for appointments. If you arrive late, the appointment will still end at its scheduled time.

INSURANCE REIMBURSEMENT:

Insurance coverage is not valid for payment. Health insurance policies do not cover sport nutrition services. However, upon your request, we can provide you with a coded receipt for services (Superbill) that you can submit to your insurance company. Regardless, you (not your insurance company), are responsible for full payment of our fees.

CONSENT FOR TRANSMISSION OF PROTECTED HEALTH INFORMATION BY NON-SECURE MEANS:

During the course of treatment, we often use email, fax, or other forms of electronic communication. These methods are generally not known as confidential means of communication. Therefore, your signature below authorizes such forms to be transmitted, including but not limited to, information related to: scheduling, billing and invoicing, payments, and other clinical or administrative issues.

I, _____ AUTHORIZE: **FISHBEIN & ASSOC. PERFORMANCE CONSULTING**
Client or Parent/Guardian if patient under the age of 18
to transmit the protected health information listed above. This authorization will terminate after treatment has been terminated and file is closed.

SIGNATURE

THANK YOU:

If you have any questions about any of our policies, please do not hesitate to ask. Please sign below indicating you have read and understand this policy and agree to abide by its terms.

Name of Client: _____ / _____ / _____
(18 yrs or older) Print Name Signature Date

Name of Parent: _____ / _____ / _____
Print Name Signature Date