

Office Policy Information

Payment:

Payment is expected at the time of your appointment. Checks are to be made payable to Faye Berger Mitchell. If there is any difficulty in making payment at the time of the visit, please negotiate this with me at the time of the initial interview.

Cancellation Policy:

Individual appointments are scheduled for a specific time. You will be charged for missed individual appointments unless I am notified of cancellation at least 24 hours in advance, or in cases of emergency.

Confidentiality:

All information disclosed within sessions is confidential as outlined in the HIPAA notice of Privacy Practices.

Medical Insurance:

Medical insurance companies may or may not offer coverage for medical nutrition therapy. Carefully investigate the type of coverage you have. It is your responsibility to pay for your visit and to have your insurance company reimburse you if applicable. You will be provided with a receipt that you can submit to your insurance company for reimbursement.

I have read and understand the above information.

Signature of responsible party: _____

Date: _____