

- I understand that Bay Area Nutrition, LLC has a **24 hour** cancellation policy. It is my responsibility to call the office at least **24 hours** prior to my appointment to cancel or reschedule an appointment. If my appointment is scheduled for 10am on Friday, I must call prior to 10am the preceding Thursday to avoid being charged the full deposit fee of **\$ 135.00 or \$150.00** (based upon my RDs rate).
- I understand that Bay Area Nutrition, LLC, as a courtesy, will submit claims for nutrition services to insurance companies that contract with Bay Area Nutrition, LLC.
- I understand that Bay Area Nutrition, LLC will submit claims for nutrition services to insurance companies that do not contracted with Bay Area Nutrition, LLC when clients have agreed to our fee structure agreement and are willing to pay a deposit for sessions.
- I understand that I am responsible for my bill including any co-pay or co-insurance or deductible as dictated by my insurance policy.
- I understand that Bay Area Nutrition, LLC requires me to keep a valid credit card on file and has my authorization to charge this credit card any balances, co-pay, co-insurance or deductible as dictated by my insurance policy.
- I agree to update Bay Area Nutrition, LLC with any changes to my credit card account and provide a new valid credit card as needed.
- If I am not insured, or my Insurance Company will not authorize or pay for this visit, I understand that I am responsible for my bill.
- I understand that if my account is overdue, Bay Area Nutrition, LLC will charge a \$25 late fee monthly.
- I permit a copy of this authorization to be used in place of the original.

Client's Name

Responsible Party's Name

Client's or Authorized Person's Signature

DATE

Valid Credit Card Information Form

Client Name: _____ **Date of Birth:** _____

Card # _____ **PIN/CVV #** _____

Card Member: _____ **Exp. Date:** _____
(Name as it appears on Credit Card)

Billing Address for Card:

Street: _____

City: _____ **State:** _____ **Zip:** _____

_____ I authorize Bay Area Nutrition, LLC to charge my credit card for any balances, co-pay, co-insurance or deductible as dictated by my insurance policy and Bay Area Nutrition, LLC's Fee Structure Agreement.

_____ I agree to update Bay Area Nutrition, LLC with any changes to my credit card and provide a new valid credit card as needed.

Signature: _____ **Date:** _____

For Office Use Only

Authorization Date: _____ Authorization #: _____

Post Auth. Date: _____ Post Auth. #: _____