

Phone: (408) 370-7731
www.BayAreaNutrition.com

Fee Structure Agreement ~ Nutrition Support Mentor Services

We require a valid credit card be kept on record and payment is made at the time of service. Nutrition Mentor Services are not covered by insurance plans and we will not be able to submit claims or provide a super bill. Nutrition Mentor Services may be reimbursed by a Health Savings Account (HSA) or Flexible Spending Account (FSA), it is up to the client to determine this with their institution.

- Initial Intake fee: \$140. This includes an initial intake with Nutrition Support Mentor (~45-60 minutes) and Mentor’s collaboration/discussion with your care team members (i.e. therapist, dietitian, medical provider) to set up a plan.
- Follow up sessions Fee: \$75 per hour. This includes Mentor’s collaboration with client’s dietitian and care team.
 - Minimum time for in person sessions are one hour.
 - Minimum time for virtual sessions are 20 minutes and the fee is prorated.
- Travel Fee: \$35 per hour travel.

Covid Precautions:

In effort to keep our clients, staff and their families safe, we require clients and any others who may be present during the in person sessions to be fully vaccinated against Covid and symptom free. Additionally, the mentor providing services will also be fully vaccinated against Covid and symptom free.

Missed Appointments/Late Cancellations:

Because we reserve a large amount of time for your sessions, we must charge you for missed appointments and cancellations with less than 48 hours notice. If you must reschedule or cancel an appointment, we ask that you notify us 48 hours in advance by phone. If you miss an appointment without giving us 48 hours notice, you will be responsible for the session charges as described above.

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Acknowledgement of receipt:

By signing this form, I acknowledge receipt of and agreement to Bay Area Nutrition, LLC’s fee structure. If I have any questions regarding the Financial Agreement above, I will ask my mentor or dietitian.

My signature below indicates that I have read, understand and agree to the above financial agreement.

I acknowledge receipt of and agreement to the fee structure as stated herein. I acknowledge this written agreement constitutes the entire fee agreement between Bay Area Nutrition, LLC and the undersigned and that no modifications to this agreement can be made orally. A photocopy of this agreement is considered as valid as the original.

Name of Client: _____

Signature: _____ Date: _____

Client, Parent or Legal Guardian

Relationship to Client: _____

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:** _____

Phone: _____ **Email:** _____

_____ **I authorize Bay Area Nutrition, LLC to charge my credit card for any balances, late cancellations, 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:** _____