



- I understand that Bay Area Nutrition, LLC has a **48-hour** cancellation policy. It is my responsibility to call the office at least **48 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 Wednesday to avoid being charged the full deposit fee of **\$175.00 or \$225.00** (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 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, 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: \_\_\_\_\_

***For Office Use Only***

Authorization Date: \_\_\_\_\_ Authorization #: \_\_\_\_\_

Post Auth. Date: \_\_\_\_\_ Post Auth. #: \_\_\_\_\_