

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.

Client must be working with a Registered Dietitian, while working w Nutrition Support Mentor. The RDN does not need to be employed at Bay Area Nutrition, but does need to be an active member of the client's team and be able to communicate with the Nutrition Support Mentor.

- Initial Intake fee: \$200. 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: \$100 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, fees are prorated.
 - Minimum sessions per week are 2. Discount is available in hourly fee if 10+ sessions/week.
 - Payment due every Friday preceding the following week's sessions.
- Travel Fee: \$70 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 your session times are reserved especially for you, we must charge you for missed appointments and cancellations with less than 5 days notice. If you must reschedule or cancel an appointment, we ask that you notify 5 days in advance by phone. If you miss a session without giving us 5 days 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: _____