

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

Fee Structure Agreement

Certain insurance companies do not contract with Bay Area Nutrition, LLC or do contract with Bay Area Nutrition, LLC, but with limited coverage. We understand the financial impact Medical Nutrition Therapy can have on our clients and are doing our best to limit your out-of-pocket expenses. Below you will find our fee structure agreement. We require a valid credit card be kept on record and payment is made at the time of service.

If your insurance company does not directly contract with Bay Area Nutrition, LLC or your insurance plan does not have a Medical Nutrition Therapy (i.e. CPT codes: 97802, 97803 & 97804) benefit for your specific diagnosis:

Initial Session with Deb Buchanan, RDN typically takes 1 hour and 15-20 minutes. The deposit is \$298.00. This fee includes the dietitian's time coordinating with other members of your treatment team.

Initial Session with Jemimah Chan, RDN; Liz Sandberg, RDN; Rebecca Sugumar, MS, RDN or Rachel Bowles, MS RDN typically takes 1 hour and 15-20 minutes. The deposit is \$325.00. This fee includes the dietitian's time coordinating with other members of your treatment team.

Initial Session with Bryan Lian, MS, RDN, CPCC typically takes 1 hour and 15-20 minutes. The deposit is \$360.00. This fee includes the dietitian's time coordinating with other members of your treatment team.

Initial Session with Stephanie Brooks, MS, RDN, CEDS-C typically takes 1 hour and 15-20 minutes. The deposit is \$402.00. This fee includes the dietitian's time coordinating with other members of your treatment team.

Follow-Up Sessions with Deb Buchanan, RDN: The deposit is \$180.00 per 50-minute session. This fee includes the dietitian's time coordinating with other members of your treatment team.

Follow-Up Sessions with Jemimah Chan, RDN; Liz Sandberg, RDN; Rebecca Sugumar, MS, RDN or Rachel Bowles, MS RDN: The deposit is \$200.00 per 50-minute session. This fee includes the dietitian's time coordinating with other members of your treatment team.

Follow-Up Sessions with Bryan Lian, MS, RDN, CPCC: The deposit is \$220.00 per 50-minute session. This fee includes the dietitian's time coordinating with other members of your treatment team.

Follow-Up Sessions with Stephanie Brooks, MS, RDN, CEDS-C: The deposit is \$240.00 per 50-minute session. This fee includes the dietitian's time coordinating with other members of your treatment team.

****Please note that fees for sessions requiring more or less time will be prorated based upon the number of units (15 minute increments of the session)****

Fee Structure Agreement Continued

Team/Family Meeting, Phone Calls, and RD Travel Time Away from the Office:

Fees for Team/Family Meetings, Phone Calls and Travel Time are based upon the same fees as individual follow up sessions. This rate will be prorated based upon the number of units (15-minute increments) of the meeting and travel time.

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 based upon your dietitian's fee.

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 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: _____