

Guidelines, Missed Appointment Policy and Authorization

Please sign & bring to appointment or email to stacey@santamonicanutritionandfitness.com

Your overall health is important to me and I look forward to assisting you with your wellness goals.

PLEASE READ THROUGH OUR GUIDELINES AND MISSED APPOINTMENT POLICY.

FREQUENCY & LENGTH OF SESSIONS: Your initial nutrition consultation will be 60-90 minutes. Frequency and time of follow-up consultations vary and will be determined according to your needs. Follow-up sessions are generally 50 minutes or 25 minutes every 1-2 weeks.

RESCHEDULING & MISSED APPOINTMENTS: I am happy to reschedule your appointments, please call and leave a Voice or Text message at 310.251.3886.

I do not double-book my nutrition consultations; therefore your scheduled time is dedicated specifically for you. Please plan for traffic, road construction delays, and for parking to arrive at your appointment on time.

There is a 24-hour cancellation policy for missed office, Skype, or telephone appointments. Appointments cancelled less than 24 hours in advance of the appointment time will result in a full charge.

SKYPE & PHONE APPOINTMENTS: "SKYPE Appointments" or "PHONE Appointments" may be substituted for office appointments in the event that you cannot be seen in person. You will be charged at the same rate as an in-office session.

PAYMENT: PAYMENT IS DUE AT THE TIME OF SERVICE. You are responsible for payment of our scheduled appointment, regardless of whether you arrive late or leave early.

INSURANCE REIMBURSEMENT: I am happy to assist you in attempting to acquire reimbursement for nutrition counseling sessions and will provide you with a billing statement for your visit. You will need to send this form to your insurance company along with your insurance company claim form. Regardless of this effort, I cannot guarantee you will receive reimbursement.

AUTHORIZATION FOR CORRESPONDENCE, DISCLOSURE AND USE OF MEDICAL INFORMATION

I authorize my dietitian, STACEY WHITTLE, RD to receive and/or release confidential information and records, pertinent to my nutritional health, to and from my healthcare practitioners. Under normal circumstances this would include lab work and correspondence/dialogue related to my nutrition care plan.

A photocopy or facsimile of this authorization shall be considered as effective and valid as the original.

PATIENT SIGNATURE

DATE