**Mid Atlantic Nutrition Specialists, LLC**

**Nicole Keever, RDN LDN**

**101 W. Main Street, Unit G2**

**Salunga, PA 17538**

**Client Agreement**

At Mid Atlantic Nutrition, I want nothing more than to meet each of your expectations and help you achieve each of your nutrition goals. I utilize the following guidelines to help us work together in the best possible way. If you have additional questions, please feel free to ask at any time.

\_\_\_\_\_\_\_\_\_\_\_ (initial) Mid Atlantic Nutrition Specialists (MANS), LLC, or any representative of MANS will not disclose any protected healthcare information without your permission except in cases where the provider deems the client is a danger to self or others or there is evidence that requires information to be reported to an appropriate authority.

\_\_\_\_\_\_\_\_\_\_\_\_ (initial) Information provided by the Registered Dietitian does not replace the care of your physician. Regular contact with your medical provider is required. Depending on your health situation, work with a therapist may also be necessary. MANS will be happy to provide information regarding your nutrition care to any members of the healthcare team for which a release of medical information form is completed. **If medical care is not occurring, MANS reserves the right to terminate nutrition care at any time.**

\_\_\_\_\_\_\_\_\_\_\_\_(initial) All out of pocket payments are due at the time of service. If for any reason this is not possible, please contact MANS to arrange payment. Billing statements will be provided as quickly as possible- typically on a quarterly basis. Balances are to be paid within 30 days of receipt of statement. If balances are left unpaid, you give permission to MANS to use basic demographic information to secure payment. Contact MANS if additional arrangements need to be made.

\_\_\_\_\_\_\_\_\_\_\_\_ (initial) MANS may submit claims on your behalf to your insurance company, however, in the event that nutrition services are not a covered benefit or the claim is denied, you are responsible for the entire balance. MANS will make every attempt to assist you in obtaining accurate insurance verification, but as your insurance company states, verification of benefits is not a promise to pay.

\_\_\_\_\_\_\_\_\_\_\_\_\_ (initial) MANS asks that you make effort to arrive on time to scheduled appointments. MANS realizes that all of our lives are busy and you may have to cancel from time to time. Please give 24-hours notice so that your appointment time can be offered to another client. **If you miss more than one scheduled appointment without cancelling (or cancel with less than 24 hour notice) in a 12-month time period, a $25 cancellation fee will be charged. If you miss more than 3 appointments (or cancel with less than 24-hours notice) in a 12-month time period, you will be discharged as a client.**

\_\_\_\_\_\_\_\_\_\_\_\_\_ (initial) The client will not hold MANS liable for any injury that may occur in the office suite of MANS or the Olde Mill Court.

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Client/Date Witness/Date