**Insurance/no-show policy**

Carla Coriaty-Hulla RDN is unable to guarantee your insurance will cover your nutrition visits. We make every effort to contact your insurance to check for coverage. Since coverage is never guaranteed we may ask you to leave a credit card on file with us just in case we are unable to get reimbursement for your visit.

We make many attempts to get the visit covered if your insurance has told us they will cover the visit. Rarely, the insurance changes their mind and decides not to cover a visit even if they have agreed to do so. For this reason we ask that you please give the front desk a credit card that can be left on file in case the insurance does not cover the visit and we are unable to get payment from your insurance or from you.

In addition we keep the card on file in case you do not show up to your scheduled appointment. Our no-show fee is $50. If you do not show up for your scheduled appointment or do not cancel/reschedule within 24 hours of your scheduled appointment you will be charged this no-show fee.

Please sign below if you understand the above and would like to have your nutrition visit today and future visits.

I (print name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_have read and agree to the above policy.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_

**Below** is Office use only

CC\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_EXP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Type \_\_\_\_\_\_\_\_\_\_\_\_\_

Name as it appears on Card\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_