

Thank you for choosing Stacie Castle, MS, RD, CDN as your medical nutrition therapist. The following policies will help ensure a positive working relationship:

- If a client is more than one session behind on payment, no appointments are scheduled until the balance is paid.
- **Checks or cash only.**
- It is your responsibility to **obtain the necessary referral** if your plan requires one prior to the visit or you will not be seen unless you self-pay for the visit.
- Each Insurance company has different guidelines as to what medical diagnoses are covered. It is your responsibility to know if your plan covers medical nutritional counseling by a Registered Dietitian and for which diagnoses.
- If you have not met your in-network deductible at the time of the visit, please advise me of this.
- A flat fee of \$25.00 is charged for a returned check.
- Appointments are made specifically for each client and therefore must be **canceled at least 24 hours** ahead of time.
- For an appointment canceled less than 24 hours before the scheduled time a \$ 50.00 fee is due.
- The only exceptions are: dangerous weather, emergency-room visits, sick child, etc.
- Cancellations must be made by phone and **not** e-mail.
- For no-shows, the full fee (or a lesser fee) is due.
- Late-cancellation and no-show fees must be mailed to the office before the next appointment is scheduled.
- If the appointment runs over the scheduled time an additional fee will be charged. (Discuss fees with me at first visit).

Thank you for your cooperation.

I have read, understand, received a copy and agree to these policies.

Signature _____ Date _____