***Shore Nutrition Associates***

**Office and Payment Policy**

James Montgomery, RDN, MS

Welcome! I look forward to helping you achieve your health and nutrition goals. Making positive changes to your lifestyle is the cornerstone of good health. This is my office and payment policy, which will help familiarize you with my practice.

**Consultations**

The initial visit is 60 minutes. Follow-up visits are 30 to 60 minutes. Because office visits must end on time, please arrive on time for your appointment.

Bring to the first visit, or e-mail in advance, your completed patient forms and a three-day food record. All the forms are available at [your website]. If you have had any recent lab work done, bring the results with you or have them faxed to my office (fax number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_).

**Insurance Payments**

Please contact your insurance provider before we meet to ensure that you are covered for nutrition visits. If you have not met your annual deductible, be prepared to pay for the visit at the time of service. An insurance claim form will be sent to your insurance provider. If your insurance provider does not pay for the visit, you are responsible for paying for this service.

**Referrals**

If your insurance provider requires a referral to see a specialist, you will need one. Contact your physician for the referral and bring it with you to the initial visit.

**Cancellations**

If you need to cancel your visit, you must do so at least 48 hours prior to the visit. Otherwise, you will be charged $XXX for the visit. The same fee applies if you do not cancel or do not show up for an appointment.

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

Printed name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_