

## Description of Services, Fee Schedule & Consent Agreement

The recommended program begins with 2 sessions (initial and first follow-up) with additional follow-up sessions as needed.

**Initial consultation (75-90 min):** This initial interview allows me to develop a complete picture of your needs, lifestyle, and objectives, as well as outline any required diagnostic testing. You will bring the following completed materials: health history questionnaire, 3-day food diary, symptoms questionnaire, and recent lab work. Based on the information gathered, I will then research your case and design your individualized nutritional program to have ready for our follow-up meeting.

**Cost: \$250**

**First follow-up consultation (60 min.):** We will review your program in detail, answer your questions, and provide the tools you will need for optimal compliance. Your program will include:

- Eating plan with menu suggestions
- Nutritional supplement plan (list of nutrients with product recommendations & dosages)
- Recommendations for other lifestyle enhancements
- Plan of action to maximize successful outcomes
- Educational materials to help you succeed

**Cost: \$150.00**

**Additional follow-up consultations:** During these sessions we will review your progress, refine your program accordingly, and offer any guidance you may need to ensure optimal results.

- 50-minute sessions. **Cost: \$100.**
- 30-minute sessions. **Cost: \$75.**
- Package of four 30-minute sessions  
**Cost: \$260** paid at first session.

**Cancellations:** Minimum notice of one business day is required if a change in a scheduled appointment is necessary. Cancellations with less notice than one business day are subject to fee.

### Office Hours:

- 1) Monday: 10 am - 1 pm, 3-6 pm
- 2) Tuesday: 10 am - 1 pm, 3-6 pm
- 3) Wednesday: 10 am - 1 pm, 3-8 pm
- 4) Thursday: 8 am to 1 pm

### Payment:

- 1) Payment is expected at each visit in either check or cash. All prices apply to both phone and in-person office visits.
- 2) If I am a listed provider in your insurance plan, it is your responsibility to check with your plan and provide required referrals/approvals prior to the first visit. Please note that even when referral is not required, you must still obtain a prescription with the diagnostic code (ICD-9) from your primary care physician (PCP) in order to begin nutrition therapy. You are ultimately responsible for payment of all fees and agree to make payment directly if payment by your insurance carrier is declined.
- 3) Some insurance plans may reimburse claims for nutrition from an out-of-network provider that are submitted by the patient. In this case, you must pay me at the time of service and then file a claim with your insurance carrier to reimburse you. Please bring a prescription from your doctor with a diagnosis to the first session so that I can prepare the required paperwork.

### Client Responsibilities and Consent:

- 1) It will be necessary for you to keep an accurate diary of food intake and health responses, so that optimum modifications to your diet and supplement program can be made.
- 2) It is your responsibility to review all diet and nutritional supplement programs with your physician. This program is not meant to take the place of physician care or medical intervention, but rather to augment it. As results are obtained, medication requirements may change. This must be assessed by your physician. All recommendations and assessments I make are to be taken as consultative advice on nutrition and diet only, and you assume all responsibility for the application of this advice, and for obtaining medical advice from your physician as to its safety.
- 3) You hereby grant your approval for me to exchange information about your health with your doctor or other healthcare practitioners as well as insurance providers.

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I understand and agree to the above.

Signature \_\_\_\_\_ Date: \_\_\_\_\_