Office Policy Information

Confidentiality: All information disclosed within sessions is confidential as outlined in the HIPAA Notice of Privacy Practices.

Payment For Service: The fee is $130.00 for a 90 minute initial consultation, payable via check or cash. You are requested to pay for services each session unless other arrangements are made. Please make checks payable to Upstate Nutrition Consultants. You will be provided with an invoice that you can submit to your insurance company for possible reimbursement – please check with your insurance company to verify if your benefits include medical nutrition therapy. Each check returned by the bank will be assessed $20.00 service fee.

Cancellation: A minimum of 24-hours notice is required to reschedule or cancel an appointment. $25.00 will be charged for missed sessions without such notification.

Minor Waiver of Liability: On behalf of myself and/or my minor son/daughter _____, I hereby release Upstate Nutrition Consultants and its officers, agents, employees, and assigns from any and all liability arising out of or in any way related to the afore-mentioned medical nutrition therapy treatment provided by Upstate Nutrition Consultants.

By signing this form, I acknowledge that I have read and understand the above information. I hereby consent to evaluation for treatment under the terms specified above.

Today's date: _____ Name of Child, if applicable: _____

Your signature: _____

Printed name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alternate Phone: _____

CREDIT CARD PAYMENTS: (Please note, this is the card we will charge if applicable to cancellation policy)

Name of Cardholder: _____

Credit Card #: _____ CVV Code: _____

Credit Card Type: ☐ VISA ☐ Mastercard ☐ American Express ☐ Other: _____

Expiration Date: _____ Billing Zip Code: _____

❒ Please give me a reminder phone call or email prior to my appointments. It is ok to leave a message on my answering machine/voice mail.
Email: _____ Phone: _____

Please scan this form to wendywatkins@upstatenutrition.net, fax to (864)968-9856, OR drop off at our office located at 108 E. Poinsett Street Greer, SC 29651 at least 48 hours prior to your appointment.