

Client Services Policies and Contract (EIN: 46-0682260; NPI:1659636892)

Welcome! This document serves as an agreement between us which contains important information about my professional services and business policies. Please read through carefully and note any questions or concerns which can be discussed at the earliest convenience.

Medical Nutritional Therapy

As a Registered Dietitian, I am a licensed nutrition professional who can provide medical nutrition therapy (MNT) which includes an initial nutrition and lifestyle assessment, one-on-one nutritional counseling, and follow-up visits to check on compliance, progress and barriers to manage your dietary behaviors and concerns. Medicare Part B covers medical nutrition therapy services for people with Part B who meet at least one of these conditions: Diabetes, Kidney Disease or has had a kidney transplant in the last 36 months. *Please see the Insurance section of this document on how to submit for reimbursement.*

Nutrition Assessments

During appointments, information will be gathered regarding medical, dietary, and weight histories. Food journals/diaries and pertinent weight histories or growth charts (for those under 18) will also be required paperwork. Coordination with your primary care physician as well as therapist may also be necessary. Reasons and motivation for treatment as well as nutritional goals for your journey of recovery will be identified and discussed during assessments. A medical nutrition therapy treatment plan will be formed and discussed. A meal plan based upon your specific biological and genetic factors will also be formed and discussed depending upon the MNT goals. Follow-up appointments will include assessment of compliance to the treatment plan as well as modifications if needed to the meal plan.

Nutrition Education

Nutrition education may focus upon various topics including but not limited to various spheres of nutrition (biological, social, psychological, and spiritual), intuitive and mindful eating skills, practice outings to various restaurants, challenge snacks, grocery store or retail store visits, carbohydrate counting, food label reading, various concepts of nutrition basics, various concepts of nutrition basics for athletes, methods of weight gain/weight loss for athletes, macronutrient counting, meal planning, food preparation, sport nutrition basics, and/or supplement education.

Nutrition Counseling and Behaviors

Nutrition counseling will focus upon how behaviors can be changed to meet your goals. Behavior change requires education, motivation and knowledge that these behaviors will benefit your health for optimal outcomes. Psychotherapy is vastly different than nutrition counseling and is not part of your treatment. Coordination of care can be addressed with a qualified therapist and may be recommended if needed.

Cancellation Policy

Once an appointment is scheduled, you are responsible for payment. If the need for cancellation occurs, please provide me no less than 24 hour advance notice. If you are unable to provide notice, you will be charged your full fee. Emergencies and extreme circumstances beyond your control will be taken into consideration.

Professional Fees, Billing and Payments

Each initial assessment and follow up sessions are scheduled for one hour and payment is due at the time services are rendered either by Cash, Check, or Credit Card. The hourly fee(s) for professional services are \$120 per individual/couples/family session, and/or \$150 per group session/workshop (times vary and can be negotiable). In addition to weekly appointments, if coordination of care is requested that lasts longer than 10 minutes, such as consultations with other professionals and reports that are prepared on your behalf, there will be a charge for my time by the hour. A \$25 charge is made for any check returned as non-payable for any reason. Accounts over 90 days past due may be sent to collections and additional fees may be applied.

Below is a statement to be signed:

I acknowledge my credit card information will be kept on file to be used for assessment fees in which I do not provide payment (unless other arrangements have been made). Charges for missed appointments not cancelled within the 24 hours advanced notice, returned check fees and the amount of the check paid, and overdue balances of more than 30 days will be billed to my account. My credit card will only be used under these circumstances or when I have not provided payment in another form (i.e. cash or check). By signing below and providing my credit card information, I authorize Patricia Ford, DrPH, MPH, RD to charge my credit card.

1. _____ Sign Name _____ Print Name _____ Date _____
2. _____ Sign Name _____ Print Name _____ Date _____

Name on Credit Card: _____

Billing Address on Card: _____

Credit Card Number: _____ Expiration Date: _____

CVV (3 digit code on back): _____

Phone Number on record with Card: _____

Credit Card Type: Visa • Mastercard • AmericanExpress • Discover

Insurance

I currently am not accepting payment through insurance at this time. However, if you have PPO insurance and would like to receive reimbursement from your insurance plan, a super bill that will have all of the necessary information to submit to your insurance company can be provided upon request.

Communication and Contact

I can be reached by telephone and/or email. Please allow 24-48 hours for a return phone call if you have reached my voicemail or no response via email. I will do my best to return your call within a 24 hour time frame. If I will be unavailable for an extended period of time, I will notify you if you are an established client. I am not available on weekends nor holidays.

Medical Records

It is professional conduct that I keep a written record of each assessment. Please refer to the Notice of Privacy Statements to address concerns you may have regarding your personal health information.

Minors

Any clients under the age of 18, I require permission of their parents/guardian to be assessed and treated. I would request permission from the parents to allow confidentiality between myself and the minor, unless there is a risk of danger to themselves or others. In this scenario, I will notify parents/guardians with my concerns. I will attempt to discuss these matters with the minor prior so that the matter and concerns can be addressed.

Signature re: Client Services Policies and Contract

Date

Signature re: Client Services Policies and Contract

Date

Effective June 17, 2016

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