**POLICY CONCERNING FEES, INSURANCE, AND PAYMENTS**

**Marissa Martorana, RDN is a contracted provider for some insurance plans only. If your insurance is not accepted, payment via cash or check is required at the time of service.**

If “medical nutrition therapy” is covered by your insurance plan, it is not guaranteed that your plan will cover at 100%, therefore you may be billed.

It is not possible to know exactly how much your bill will be until the claim is filed. You, as the patient/parent/guardian will be responsible to pay your bill within 30 days of receipt to Marissa Martorana, RDN.

**I agree to the following:**

* If not going through insurance, payment for the session is due in full at the time of service. Cash and personal checks are accepted.
* If paying by check, make checks payable to “Marissa Martorana, RD” (There is a $35 fee for any returned checks)
* If going through insurance, it is not guaranteed that insurance will pay 100%, therefore I as the patient may be billed and if so, payment is due within 30 days.
* I understand that all initial consultations or follow-up appointments must be cancelled at least 24 hours prior to the scheduled time of the appointment. Make-ups may be available during the week of the missed appointment if space exists.
* I understand that I will be charged the entire session fee for the scheduled appointment not cancelled within the time frame noted above.
* If I fail to show up for my appointment and honor my commitment to my session time, regardless of the reason, I am responsible for the full session fee.

**Patient/Guardian (if pt.is a minor) Printed name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Patient/Guardian (if pt.is a minor) Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**