

## New Client Agreement

### **Payment**

Unless other arrangements have been made, payment is due at the time of service. If using medical insurance, copay/coinsurance payment, if applicable, is due at the time of your appointment. Cash, check and credit card are accepted. Checks can be made payable to LeeAnn Weintraub, MPH, RD.

### **Cancellation**

If you must cancel or reschedule your appointment, please do so at least 24 hours in advance. Appointments missed/cancelled without required notice are subject to a \$75 missed appointment fee.

### **Medical Insurance**

Insurance coverage and reimbursement for nutrition services vary by company. Please check with your insurance provider regarding their policy on reimbursement for nutrition services. For out-of-network insurances, LeeAnn Weintraub, MPH, RD will provide you with a superbill that may be self-submitted for potential insurance reimbursement.

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Credit card information is kept securely on file for any future charges including copays, coinsurance, missed appointment fees.

CC# \_\_\_\_\_ Exp. Date \_\_\_\_\_  
Security Code: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

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I, the undersigned, have read and agree to the conditions as outlined above in that:

1. I understand that I will be responsible for payment of copay/coinsurance, if applicable, at the time services are provided by LeeAnn Weintraub, MPH, RD
2. I understand that a change or cancellation of my appointment requires at least 24 hours notice.
3. I understand that the paperwork I receive from LeeAnn Weintraub, MPH, RD must be *self-submitted* to seek medical insurance reimbursement for out-of-network health plans.
4. I will not hold LeeAnn Weintraub, MPH, RD liable for any damages incurred while receiving services.

Signature of responsible party: \_\_\_\_\_ Date: \_\_\_\_\_