

Policies

Thank you for choosing Nutrition Force, LLC as your nutrition specialist. The following rules will help facilitate a positive working relationship.

1. I understand Nutrition Force, LLC will bill me for services rendered. I agree to be fully and personally responsible for payment.
 - a. Payment is due at the beginning of the appointment. We do not bill insurance at this time.
 - b. We require 24-hour notice to cancel and/or change appointments or a \$35 fee will be issued.
 - c. There is a \$40 fee for any returned checks. All payments for a returned check and further payments will be due in cash or money order only.
 - d. If your account is 90 days past due, it will be sent to a collection agency.
2. All clients need to handle any bills in a timely fashion. You will not be seen by your dietitian if you have an outstanding balance.

Thank you for your cooperation!

I have read, understand, received a copy (if requested) and agree to these policies.

Signature: _____ **Date:** _____