Victoria M. Wood, M.P.H., R.D.
CERTIFIED NUTRITION SPECIALIST
(301) 270-4244
7105 Sycamore Ave.
Takoma Park, MD 20912
victoriawoodnutrition.com
2311 M. St. NW. Ste. 401
Washington, DC 20037

Financial Policy

Initial Consultation (60 minutes)..260.00
Follow-up Sessions (45 minutes)..195.00
(30 minutes)..130.00

(Extra time is pro-rated @ hourly rate)

Name____

Address____

City______________________________ State ________ ZIP____________________

Date of Birth ________________________ Phone - Home______________________________

Phone – Work __________________________ Phone - Cell ______________________________

Email____

Insurance Carrier ____
We do not accept any insurance, therefore payment is required at time of appointment. However, some insurance carriers may provide partial reimbursement. You will receive documentation to submit to your insurance company if you choose. See "About Insurance" www.victoriawoodnutrition.com for more information.

_____ I understand that I must CALL the office at 301-270-4244 to cancel or reschedule my appointment at least 2 business days prior to that appointment. Otherwise, we reserve the right to charge your credit card a $50 fee. **CANCELLATIONS ARE NOT ACCEPTED BY EMAIL.**

_____ I understand that in order to schedule an appointment, I must provide a credit card, either on this form or by calling the office. I authorize Victoria Wood to charge this card a $50 fee if I do not cancel within 2 business days of my appointment.

_____ I understand that the blood tests ordered through Victoria Wood are not intended to diagnose medical conditions but are a part of my nutritional assessment.
Further, I understand that my test results will be interpreted during a scheduled appointment only; and that only during that appointment will I receive copies of test results.

As a courtesy, clients are seen on time. If you are late, your appointment will end at scheduled time.

I understand and accept the conditions of this policy.

Signature____ Date____________________

Credit Card

Name ______________________Card # ____

Exp. Date ________ CCV ________ Billing Zip ____________________

If you do not provide a credit card here, you must provide one by phone when you schedule your appt.