

Victoria M. Wood, M.P.H., R.D.
MEDICAL NUTRITION THERAPY

1162 Mallard Bay Rd
Hampstead, NC 28443

(301) 270-4244

Financial Policy

Initial Consultation	(60 minutes).....	295.00
Follow-up Sessions	(45 minutes).....	222.00
	(30 minutes).....	148.00

(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.