

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

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Financial Policy

Initial Consultation	(60 minutes).....	325.00
Follow-up Sessions	(45 minutes).....	245.00
	(30 minutes).....	165.00

(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 and accept the conditions of this policy. Date _____