

Our policies are designed to promote a reliable, consistent, enhanced experience for our clients, as well as for myself and staff alike. We invite you to discuss frankly with us any question concerning our services. The best health services are based on friendly, mutual understanding between provider and client.

Our office requires payment in full for initial consultations at the time you book your appointment.

Cancellation fees will apply when bookings are cancelled *or* rescheduled if not prior to at least **2 FULL business days of your scheduled consultation.**

FOR EXAMPLE: If your appointment is on Thursday, notice of cancellation needs to be sent via text or email the preceding Tuesday by days end.

Booking Cancellation Policy		
Type	Description	Fee
Short notice Cancellations	Cancel or reschedule less than 48 hours before scheduled consult	½ normal hourly fee or 30 minutes off package
Last Minute Cancellations	Cancel less than 24 hrs before consultation or missed consultation (\$165)	Full fee or 1 hour off package

**If your account is turned over for collections for any reason, you are responsible for all collection and attorney's fees associated with the collection process.*

Insurance Reimbursement

We will be happy to assist in providing the necessary insurance forms for reimbursement, however, it should be understood that you are responsible for payment of services rendered.

We cannot guarantee reimbursement, rather you are encouraged to call your insurance company to understand your benefits and deductible. If you do not agree with your insurance company's coverage, it is your responsibility to work it out with them. Your contract is between you and your carrier. Advanced Nutrition Solutions, LLC. is not involved with that contract.

I authorize the provided to release any information required to process insurance claims and authorize payment of benefits to the provider.

I agree with and understand the financial agreement and policy of Advanced Nutrition Solutions, LLC.

Signature (client or authorized representative)

Date

Print Name (client or authorized representative)

Warm and Healthy Regards,
Deborah Arneson B.S.,M.S. Licensed Clinical Nutritionist