



Lora Williams, MS, RD, LD
Dietitian
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Financial Policy

PLEASE READ AND SIGN THAT YOU HAVE READ AND UNDERSTAND FULL CIRCLE NUTRITION'S FINANCIAL POLICY.

1. **No Show or Cancelled Appointments** -- Please give at least 24 hour courtesy notice if you are unable to keep your appointment. Failure to do so will result in a \$25 missed appointment fee and will be billed to you.
2. **Returned Checks** – Any check returned by the bank will be charged a \$39 returned check fee in addition to fee for services rendered to cover charges I incur.
3. If you have insurance, I will file a claim on your behalf. However, the primary financial responsibility belongs to you. If your insurance company does not pay for services rendered within 90 days, you will receive a bill. Payment is due within 30 days of billing.
4. Payment arrangements are available in cases involving financial hardship.
5. Fees for services rendered not paid after 180 days will sent to a collection company and reported to the three major credit bureaus.
6. You will be responsible for any extraordinary costs associated with collection of funds owed to the dietitian, including but not limited to, collection agency fees, attorney's fees, and court costs.

By signing below, I attest I have read, understood, and agree to comply with the above financial policy.

Patient Signature _____

Patient Name _____

Date: _____