



Client Agreement

At Sage Nutrition, LLC, we seek to meet your expectations and help you achieve your nutritional goals. The following guidelines are utilized to help our providers and you work together in the best possible way.

_____ (initial) Sage Nutrition, LLC, or any representative of Sage Nutrition, LLC will not disclose any protected healthcare information without my permission except in cases where the provider deems the client is a danger or self or others or there is evidence that requires information to be reported to an appropriate authority. The Privacy Policy is available upon request.

_____ (initial) Information provided by the Providers does not replace the care of a physician. Regular contact with the client's medical provider is strongly encouraged.

_____ (initial) Sage Nutrition, LLC accepts cash, check, or credit cards. If you choose to pay with credit card a \$5 processing fee will be applied.

_____ (initial) All payments are due at the time of service. If balances are left unpaid, the client gives permission to Sage Nutrition, LLC to use credit card information provided on the Credit Card Authorization Form and basic demographic information to secure payment. There will be a \$20 fee charged for all returned checks.

_____ (initial) Sage Nutrition, LLC can provide a billing statement for client to submit claims to his/her insurance company, however, in the event that nutrition services are not a covered benefit or the claim is denied, the client is responsible for the entire balance.

_____ (initial) Sage Nutrition, LLC asks that you make effort to arrive on time to scheduled appointments. A 24-hour cancellation notice is required. If 24-hour notice is not provided, a \$50 fee will be charged to the credit card on file.

_____ (initial) Sage Nutrition, LLC will not appear in any court proceedings for any reason. If for any reason this portion of the client agreement is disregarded, court fees are \$250 per hour including any preparation time required, billable to the client.

_____ (initial) The client will not hold Sage Nutrition, LLC liable for any injury that may occur in the Sage Nutrition, LLC office.

Client Signature

Date

Emergency Contact

Name: _____ Phone: _____

Relationship to Client: _____