

## **Cheryl Craig, RD**

626-255-2576

cherrd@aol.com • www.cherrd.com

### **Office Policy Information**

#### **Payment:**

Payment is expected at the time of your appointment. Checks are to be made payable to Cheryl Craig, RD

#### **Cancellation Policy:**

Individual appointments are scheduled for a specific time. You will be charged for missed individual appointments unless the R.D. is notified of cancellation at least 48 hours in advance, or in cases of emergency.

#### **Confidentiality:**

All information disclosed within sessions is confidential as outlined in the HIPAA notice of Privacy Practices.

#### **Medical Insurance:**

Medical insurance companies may or may not offer coverage for nutrition therapy. Carefully investigate the type of coverage you have. It is your responsibility to pay for your visit and to have your insurance company reimburse you, if applicable. If desired, you will be provided with a receipt that you can submit to your insurance company for reimbursement.

I have read and understand the office policies of Cheryl Craig, RD:

Signature of responsible party:

---

Print name of responsible party:

---

Date:

---