



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. Your insurance company contract may require me to collect a co-pay on the day of the appointment. Please have your copayment ready at the time of your appointment. For patients without insurance or with a deductible, the consult fee is due at the time of appointment. The consultation fee must be paid in full.
2. If you have a deductible that must be paid before your insurance covers dietitian services, payment is due at the time services are rendered. Your insurance will be billed so that this amount can be applied to your deductible.
3. **No Show / Cancellation** -- 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.
4. **Returned Checks** – Any check returned by the bank will be charged a \$39 returned check fee in addition to fee for service rendered to cover charges I incur.
5. Insurance claims are filed as a courtesy; however, the primary financial responsibility belongs to the patient. If your insurance company does not pay within 90 days, you will be invoiced for the full amount.
6. Payment arrangements can be made in cases involving financial hardship.
7. Fees for services rendered not paid after 180 days are sent to a collection agency.
8. The patient 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.

I have read, understand, and agree to comply with the above financial policy.

Patient Signature _____

Patient Name _____

Date: _____

Verified _____

Date: _____