BRG Dietetics & Nutrition, P.C.
Bonnie R. Giller
MS, RDN, CDN, CDE
Registered Dietitian Nutritionist
Certified Diabetes Educator
Certified Intuitive Eating Counselor

PATIENT REGISTRATION

(PLEASE PRINT CLEARLY)

Name of Patient:		Date:	
Home Address:			
City:	State:	Zip Code:	
Date of Birth:	Marital Status:	Age:	Sex:
Social Security #:	E-Mail Address:		
Telephone #: Home	Work:	Cell:	
Occupation:			
Employer:			
Referred By:			
Reason for Referral:			
Primary Care Physician:			
Telephone # of Physician:			

Name of Person Responsible for Bill:		
Home Address:		
City:	State:	Zip Code:
Telephone #: Home	Work:	Cell:
E-mail Address:		

Bonnie@BRGHealth.com
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383 PLYMOUTH STREET • WEST HEMPSTEAD, NY 11552

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POLICY CONCERNING FEES AND PAYMENT

Bonnie R. Giller, MS, RDN, CDN, CDE works as a fee-for-service provider and does not accept insurance. Some major health insurance companies cover all or a portion of medical nutrition therapy or nutrition counseling. However, each contract varies depending upon the agreement with your employer. We will provide a Superbill with a procedure code and diagnosis code for you to submit to your insurance company.

I agree to the following:

- Payment for the session is due in full at the time of service. We accept cash, personal checks, Visa, MasterCard and Discover. A 3% convenience charge applies to credit card payments.
- There is a $25 fee for any returned checks.
- If I have pre-paid fees for follow-up appointments, these fees will not be refunded or exchanged and my appointment will be forfeited if I do not show or if I cancel my appointment with less than 24 business hours (one business day or 48 business hours for one hour appointments - excludes Saturday and Sunday). Make-ups may be available during the week of the missed appointment if space exists.
- I understand that all one hour consultation or follow-up appointments must be cancelled at least 48 hours or two business days (excludes Saturday and Sunday) prior to the scheduled time of the appointment. Half-hour follow-up appointments must be cancelled at least 24 hours or one business day (excludes Saturday and Sunday) prior to the scheduled time of the appointment.
- I understand that I will be charged $50.00 ***per*** half hour scheduled appointment not cancelled within the time frame noted above.
- If I fail to show up for my appointment and honor my commitment to my session time, regardless of the reason, I am responsible for the **FULL** session fee.

Please understand that our time is very much in demand; we set aside a time especially for you and do not overbook. We understand that not everyone is ready to commit to a lifestyle change, but for the consideration of others, please do not wait until the last minute if cancelling your appointment. Please plan accordingly.

Patient's Signature: _____ Date: _____

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