



OFFICE AND PAYMENT POLICY

PRIVATE PAY / OUT-OF-POCKET

Hello and Welcome. I look forward to working with you to assist you on your path toward health and wellness through nutrition. Making positive lifestyle changes is a key component to good health. Here is my office and payment policy to help you familiarize yourself with my practice.

CONSULTATIONS

Initial visits are scheduled for up to 90 minutes for a full assessment (up to 60 minutes for minors). Follow-up appointments are scheduled for up to 60 minutes. Please be on-time for your appointments to ensure your visit can be held for the full amount of time.

Please bring/submit the following forms to your first appointment: the Registration Form and this Office and Payment Policy. These forms can be downloaded & printed on my website at www.wellfednutrition.us/forms. If you would prefer to fill out this information at the time of your first appointment for an in-office visit, the documents can be made available for you at the front desk. Please arrive at least 15 minutes early, if you intend to fill out the intake forms on-site before your first visit.

CANCELLATIONS

If you need to cancel a visit, please provide notification at least 24 hours before the time of service. A \$50 fee will be charged for missed appointments without 24-hour notice. Notification of cancellation can be made either through office voicemail or business email.

BILLING AND PAYMENT

Starting in 2022, you will receive a good faith estimate of the cost for services before scheduling. You will be billed at a rate of \$140 per hour, \$35 for each 15-minute 'unit' increment, for nutrition consultation services. By signing below, you agree to pay this rate and are electing not to use any current, active medical insurance for the coverage of nutritional counseling provided by Robert W. Demko at Well Fed Nutrition. You can choose to pay by check, money order or online through Square. Please be advised you are required to submit payment no later than 30 days after the billing date.

Printed Name _____

Signature _____ Date _____

CONTACT

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