

NUTRITION COUNSELING FEES

Nutrition Counseling FEE	FEE for 6 Session Package	Discount with Package
\$120.00	\$660.00	\$60.00

**** PLEASE NOTE THAT THE DISCOUNTED RATES ARE FOR PACKAGES ONLY AND CANNOT BE APPLIED ON A SESSION TO SESSION BASIS. Packages must be used within 6 months and payment must be paid in full before the first session.****

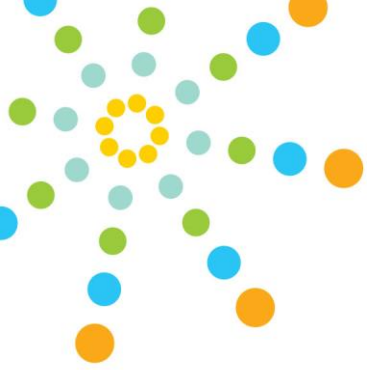
Payment Methods:

- Acceptable payments are Credit/Debit, Check, or Cash. Check should be made out to Radiant Counseling, LLC.
- Returned check fee is \$35.00 and the payment for the bounced check and fee must be paid within 15 days of notification of the returned check.
- Payment option must be decided upon prior to initial session. *See Payment Agreement.*
- A Credit Card needs to be on file and a **\$25 late cancellation fee** will be charged if not communicated before 24 hours of scheduled sessions. There will be a **\$50 no-show fee** should you miss an appointment without prior communication.
- Credit Cards will be charged with your verbal or written consent OR after 7 days have passed from the time that you receive an invoice with an outstanding balance.

Print Name

Date

Client Signature



PRIVATE PAY AGREEMENT

The private pay sliding scale is based on household income and family size.

Client's Name _____

Employment _____

Agreed upon fee per session _____ OR

agreed upon fee per package _____

Date _____

Payment Type: Card Check Cash

Contact me to re-up package once my 6 sessions have been used.

Client Name _____ Date _____

Client Signature _____ Date _____

Manager Signature _____ Date _____

*This Payment Agreement expires on 12/31/2022 at which point, a new payment agreement must be completed and signed. *

**This Good Faith Estimate shows the cost of items and services that are reasonably expected for your health care needs for an item or service. The estimate is based on information known at the time the estimate was created.

If you are billed for more than this Good Faith Estimate, you have the right to dispute the bill.

To learn more, go to www.cms.gov/nosurprises or call HHS at (800) 368-1019.

Keep a copy of this Good Faith Estimate in a safe place or take a picture of it. You may need it if you are billed a higher amount. **