Fairfax Nutrition
with Deborah Jeffery, RD

1800 Michael Faraday Dr. Suite
201 Reston, VA. 20190
Phone: 703-201-1184

Financial Agreement

My signature below signifies that I understand that I am responsible for payment of professional services rendered, as well as, any missed appointment or returned check fees. Payment is due at time of service. We accept cash, checks (made payable to Fairfax Dietetics), all major credit cards and most Health Saving Account debit cards.

I understand that Fairfax Dietetics does not process claims for insurance payment. However upon request, I will be provided with a medically coded receipt for me to request reimbursement for payment from my insurance provider. I understand that it is my responsibility to know the terms, regulations and limitations of my insurance plan.

Returned Checks: I will pay, by cash or credit card, a $35 fee for a returned check in addition to my full balance within 10 days of being notified by Fairfax Dietetics.

Missed Appointments: We request the courtesy of at least 24 hours' notice if you must cancel or reschedule an appointment. Failure to do so may result in a $50 "no show" fee.

I have read the above statements and I understand my responsibilities.

_____ _____

Print Full Name, Financially Responsible Party Date

_____

Signature, Financially Responsible Party

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New Client Questionnaire

Name _____ **Birth Date** _____

Address _____

City _____ **State** _____ **Zip** _____

Home # _____ **Work #** _____ **Cell #** _____

Best number to reach me: H/W/C **Occupation** _____

Reason for visit: _____

_____

Medical Conditions: _____

_____

Medications/Supplements: _____

_____

Food allergies/intolerances: _____

_____

Type & frequency of physical activity: _____

_____

How did you learn about Fairfax Dietetics? Please check one:

____ Your doctor- Name: _____

____ Internet Search

____ Internet Directory – HealthProfs.com; The Academy of Nutrition & Dietetics; DietitianDirectory.com, etc.

____ Referral – Please let us know who we can thank. _____

____ Other _____

Notes: If you have any other conditions or notes we should have please type them here.