



PAYMENT & FINANCIAL POLICY

WHO IS FINANCIALLY RESPONSIBLE FOR THIS ACCOUNT?	
NAME:	DOB:
RELATION:	SSN:
ADDRESS:	ZIP:
PHONE:	

By my signature below I acknowledge:

NOTICE OF PAYMENT POLICY
Payment is due at the time of service. Methods of payment are cash, check, Visa, MasterCard, AMEX, or Discover. There is a \$25 fee for a returned check. All outstanding balances are payable within 30 days of invoice. If left unpaid after 30 days a late charge of 10% will be added to the balance. Any balance reaching more than 60 days past due will be sent throughout collection process. If your balance is sent for collection, you acknowledge that you will be responsible for all collection fees, as well as any legal fees that our office incurs in order to collect the outstanding delinquent balance. All nutrition packages are non-refundable, but may be transferable to other in-house services. All packages expire 1 year after date of purchase.

NOTICE OF CANCELLATION POLICY
Eat Well with Gina, LLC requires 24 hours advance notice (1 full business day) for cancellations or rescheduled appointments. Your appointment is a reservation of EWwG's time. With advance notice EWwG can fill that time with a client on the waiting list. If you are not able to attend your scheduled appointment, you will be charged the full appointment fee. If you contact EWwG with at least 24 hours advance notice of your scheduled appointment, there will be no charge. ***This is a normal & customary policy in the health care field.***

By my signature below I acknowledge the above payment and financial policy and agree to its terms.

Signature of Client or Responsible Party

Date