

**HARMONY WITH FOOD**  
**Nutritionally Sound, LLC**

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**No Show / Cancellation Policy**

**Please Read Carefully**

Once an appointment is scheduled, you are expected to pay out of pocket for the full fee, equivalent to that reimbursement for by your insurance company, plus the copayment. **(The fee is the total of your copayment plus insurance reimbursement or a \$75.00 minimum.)** Appointments that are cancelled without 48-hour notice will be charged a minimum \$75.00. You must provide your credit card of choice below. Your card will be automatically charged at the time an appointment is cancelled without 48-hour notice of cancellation.

**Leave notice of cancellation on Harmony With Food (Nutritionally Sound LLC) voicemail: 401-245-8784. DO NOT email any cancellations.**

Your signature below indicates that you have read this policy and agree to its terms.

Client:

Date:

Or

Parent, Guardian or Representative:

Date:

Credit Card Type:

Card #

Expiration Date:

Security Code (3 digits on back of card):

American Express (only)

Please leave the front 4 digits:

Thank you. We appreciate your business.