

Michelle Gursky, MS, RD, CDN
(732) 780-7333 ext 2

New Patient Information

Payment:

Payment is expected at the time of the appointment, or in the case of a phone session within 7 days of receipt of a bill. Please make checks payable to:

DESTINATION WELLNESS

If there is any difficulty in making a payment at the time of the visit, please negotiate this with the Dietitian at the time of the initial evaluation.

Appointments and Cancellation Policy:

Individual appointments are scheduled for a specific time. In the event that you need to change or cancel an appointment, please notify the Dietitian at least 24 hours in advance. **You will be charged a fee of \$50 for any missed appointments unless the Dietitian is notified of cancellation at least 24 hours in advance, or in cases of emergency.**

Medical Insurance:

Medical Insurance may or may not offer coverage for outpatient nutrition counseling. You may want to investigate the type of coverage you may have. Although you may have insurance that will reimburse you, please understand that you are responsible to pay for your visit and to have your insurance company reimburse you if applicable.

I hereby acknowledge responsibility for this account and assume and guarantee payment for all charges against this account as they accrue.

Patient Name: _____

Signature of Responsible Party: _____

Relationship to Patient: _____

Date: _____

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Patient Registration Form

Name: _____

Home Address: _____

Date of Birth: _____ Social Security Number: _____

Home Phone #: _____ Work Phone #: _____

Cell Phone #: _____ Email Address: _____

Occupation: _____ Employer: _____

Referred By: _____

Reason for Referral: _____

Current Doctor: _____ Phone #: _____

Office Address: _____

Name of Person Responsible for Bill: _____

Address: _____

Home Phone #: _____ Work Phone #: _____

Cell Phone #: _____