



**Patient Registration and Written Acknowledgement Confirming Receipt of  
Privacy Notice and General Policies**

Patient Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

Phone: (home): \_\_\_\_-\_\_\_\_-\_\_\_\_ (work): \_\_\_\_-\_\_\_\_-\_\_\_\_ (cell): \_\_\_\_-\_\_\_\_-\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

**CONSENT FOR MEDICAL NUTRITION THERAPY**

I hereby consent to engage in Medical Nutrition Therapy provided by Paulette Weber RD, LD/N, LLC. Medical nutrition therapy is a process. Good results come when you commit to working with your Registered Dietitian. A one-time visit is not recommended since there is no way to monitor or evaluate your progress which is an essential component of Medical Nutrition Therapy. Please also be aware that text messaging is not HIPAA secure. The only time that a text would be accepted, is in the event that you will be late to your appointment. Payment is due at the time of service.

**PATIENT RIGHTS**

I understand that I have a right to refuse treatment at any time. I have a right to review my records, diagnosis, and treatment plan. I understand that if I feel that my rights have been violated, it is my right to file a complaint with the State of Florida.

**INSURANCE**

You are responsible to know your insurance benefits. This practitioner does not provide the service of getting prior authorization; this is something you are responsible to do on your own. If the insurance does not pay you will be responsible to pay for this consultation. This practitioner is not in-network for BCBS. This practitioner will only submit claims to insurance twice. If the claims are denied, then you will be required to pay and work with the insurance company to be reimbursed.

**MEDICARE**

Clients with Medicare have a limited number of MNT benefits. If you saw another Registered Dietitian this year, you have used some of your benefits. If your annual benefits are used up, then you will be required to pay for this visit. This practitioner is not in-network for Medicare Advantage plans. If you are a part of one of these plans, then you must obtain written prior authorization for the visit.

**PURCHASING A PACKAGE**

When purchasing appointments as a package (3 appointments together) there are no refunds. If you pay as you go for a package (paying for each appointment individually) and do not complete the 3 visits, you will be charged additional fees for the hourly appointment rate. The appointment package must be completed within a year of purchase.

**CREDIT CARDS**

If you opt to pay with a credit card you will be responsible for the fees associated with the PayPal transaction.



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**SUPPLEMENT SALES**

Paulette Weber, RD, LD/N, CLT sells professional, pharmaceutical grade supplements and does make a profit from these sales. Selection of high quality dietary supplements, vitamins and minerals is essential to ensuring outcomes and eliminating the risk associated with poor quality raw goods. Pharmaceutical quality supplements maintain the same quality control standards that pharmaceutical companies do. This practitioner also monitors the reports provided by ConsumerLab.com. Consumer Lab is an independent lab that analyzes products to ensure that the label reflects what is actually in the product. You are not under any obligation to purchase any products; the products are here for convenience and quality control.

**TESTS ORDERED THROUGH THIS PRACTITIONER**

If you have a blood, urine or stool test ordered by this practitioner then you are required to schedule a visit to review the results. You will not receive the results without an appointment to review the results.

**NO SHOW AND CANCELLATION FEE**

Please notify us as soon as possible if you need to cancel or reschedule your appointment. If you do not attend your appointment or have not provided a 48-hour (business days) cancellation notice, you will be charged **\$100**. If you want to cancel a Monday appointment please do so by the end of the day on Thursday. If you have a Tuesday appointment, please cancel by the end of the day on Friday. This practice allows us to fill that slot on the schedule. Exceptions include dangerous weather, acute illness or sick family member that requires care. If you owe the practice fees for a missed appointment or unpaid insurance claims we will notify you twice. After that, the unpaid balance will be sent to a collection agency.

**Please note - You are required to provide Paulette Weber RD with the pre-visit paperwork signed and completed **BEFORE** your scheduled appointment. If we do not receive this paperwork before your appointment, your appointment will need to be rescheduled and you will be charged the \$25 appointment cancellation fee.**

***My signature below indicates:***

I have read and understand the information above regarding medical nutrition therapy, payment, insurance, Medicare, no show/cancellation fees, and patient rights. I consent to receiving treatment by Paulette Weber RD, LD/N, LLC. I have received the HIPAA policy of Paulette Weber RD, LD/N, LLC - Please initial \_\_\_\_\_.

\_\_\_\_\_  
Print Patient Name

\_\_\_\_\_  
Signature of Patient/Guardian

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date



**Enlightened RD**  
Paulette Weber RD, LD/N, LLC