



LeSash

NUTRITION & HEALTH

1864 Clove Road Staten Island New York 10304 Suites D & E
Office 347-861-7666 Fax 866-540-2266
lesashnutrition10@gmail.com
www.lesashnutritionhealth.com

Cancellation Policy / No Show Policy For Dietitian -Nutritionist Appointments

1. Cancellation / No Show Policy for Appointment

If an appointment is not cancelled at least 24 hours in advance you will be charged a Twenty-five dollar (\$25.00) fee; this will not be covered by your insurance.

Name on Credit Card _____ Mailing Zip Code _____
Credit Card # _____ Exp. Date _____ CCV _____

1. Scheduled Appointments

If patient is 15 minutes past their scheduled time we will have to reschedule the appointment.

2. Account Balances

For self-pay patients, we will require that patients pay account balances to zero prior to receiving further services by our practice. Questions about the bill or would you like to discuss a payment plan option, please ask to speak to a staff member with whom you can review your account and concerns,

Print Name(Patient's)

Signature Patient / Guardian

____/____/____
Date

Patient's ID# _____