**Jackie Slomin Nutrition - Client Agreement Form**

Thank you for choosing Jackie Slomin Nutrition to help your reach your food and nutrition goals. Please read and sign the agreement below. It lays out billing, scheduling and cancellation procedures. If you have any questions please ask for clarification.

* Payment of all fees is expected at time of service or via credit card on file. If you are unable to provide payment at the time of your appointment, it will be rescheduled.
* I hereby authorize Jacqueline Slomin to release to government agencies, insurance carriers and all others who are financially liable for my care, all information to substantiate payments for my care and to permit representatives thereof to examine and make copies of all records related to such care and treatment.
* In the case that you must change your appointment time, Jackie Slomin Nutrition requires 48 hours notice to cancel and/or reschedule follow-up appointments. Individuals who are participating in programs or packages will have (1) follow-up session deducted from their package in the case of a late cancellation or no show.
* There is a $25.00 fee for any returned checks. All payments for a returned check and further payments must be made in cash or money order only.

If I default on my account, I understand I will be subject to finance and/or legal fees in addition to the total account balance.

**I read and understand this agreement.**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature (if client is under 18):

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