

Sound Nutrition

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Welcome! I look forward to working with you in helping you to achieve your goals. The following guidelines have been established to facilitate our work together. Please feel free to comment or ask any questions. I am here to meet your needs and offer optimal care.

After reviewing the office guidelines below, please bring this as well as a Release of Information form to your initial session. If you have any questions please don't hesitate to call me.

Sincerely,
Meaghan

Confidentiality

Our sessions are held in strict confidence. A release form will be used to speak to other health practitioners or other members of the treatment team.

Session Times

Initial and follow-up visits are normally 50 minutes, but this may vary depending on progress. With the exception of the first visit, I ask that you arrive at least 10 minutes early each visit in order to complete a short questionnaire about how things went between visits. This will help us use our time as efficiently as possible. Thank you!

Cancellations

If you decide to reschedule or cancel a session, simply leave a message on my voicemail (not email) at 206-706-2696 and please do so at least 24 hours in advance of the scheduled session to avoid being charged for the session. Phone visits require advanced scheduling, more than 24 hours of a normally scheduled visit. Please note that insurance does not pay for no shows, late cancellations, or phone visits.

Communicating Between Sessions

You are welcome to leave a short phone message to report your progress at any time.

Billing

Payment is due at the time of service, however, if you have Regence, Premera, or Aetna Health insurance, your insurance company will be billed directly. In the event insurance does not pay, you will be responsible for payment. A doctor's referral does not guarantee insurance coverage. The initial session and follow up appointments are \$150.00. If paid at the time of service, the cost is \$130.00 (initial) and follow up sessions are \$110.00. Outstanding invoices left unpaid more than one month will be sent to collections with an additional \$50.00 processing fee.

Please sign here indicating you understand and agree with the above:

Signature of person responsible for billing if different than above: _____

Please bring this to your initial visit. Thank you!