

# **Gina Beitmirza, MS, RD, LDN, CND, CLT, CCC**

## **Nutrition Policies**

**Please read and complete form prior to your appointment.**  
**Email the completed form to [gina@ginabhealthy.com](mailto:gina@ginabhealthy.com) .**  
**Thank you.**

### **Cancellation/No Show:**

Individual appointments are scheduled for a specific time. I cannot fill your reserved time slot without notice and it often affects others who are also trying to get in for an appointment. ***You will be charged \$75 for a missed appointment unless I am notified of the cancellation/reschedule at least 48 hours in advance.*** Of course, emergencies occur, and it is my discretion to waive the cancellation fee. I can be contacted by phone/text (917-238-5968), [gina@ginabhealthy.com](mailto:gina@ginabhealthy.com)

### **Insurance Coverage:**

Medical insurance companies may or may not offer coverage for Medical Nutrition Therapy (MNT). Carefully investigate the type of coverage you have, including the need for referrals. ***You are responsible for visits – INVOICES ARE SENT VIA PAYPAL*** (cash- IF APPLICABLE or credit card payments through Pay pal are accepted).

### **Email/Phone Communication:**

My practice hours are Monday-Friday from 9:00am-5:30pm. If you have a non-emergency clinical question, I will respond during business hours within 24 hours or at our next scheduled appointment. Any phone calls, texts or emails received between Friday after 5:00pm to Sunday will be addressed on the following Monday.

### **Confidentiality:**

All information disclosed within sessions is confidential as outlined in the HIPAA Notice of Privacy Practices.

### **Retaining Credit Card Information:**

***INVOICES ARE PREPAID PRIOR TO APPOINTMENT.***

48-hour notice required to cancel or reschedule an appointment. ***You will be charged for the appointment if you do not give 48 hours' notice or do not show up for the appointment.***

