



# Nutrition As Therapy

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## No Show Fee Policy

I understand that if I am going to reschedule or cancel the appointment that I need to call 2 business days in advance before the scheduled appointment to (562) 424-4055. Failing to do so will result in a \$50.00 no show fee. The fee will be applied to your account and will be due before your next appointment.

I understand that scheduling an appointment and cutting it short or not giving the dietitian my 100% undivided attention can count as a No Show \_\_\_\_

I understand that scheduling an appointment for a minor that is older than 8 years of age and not having him/her present can also count as a No Show \_\_\_\_

Please make sure you are ready for the appointment with video on your computer or phone (we use RingCentral) so that the dietitian can give you the best possible appointment during the dedicated consult time.

I have read and understand the previous.

\_\_\_\_\_ Date \_\_\_\_\_  
Patient or Legal Guardian Name

\_\_\_\_\_  
Signature

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## Poliza De Incumplimiento

Entiendo que si voy a reprogramar o cancelar mi cita, debo llamar con 2 días hábiles de anticipación antes de mi cita programada al (562) 424-4055. De lo contrario, se aplicará una tarifa de no presentación de \$ 50.00. El cargo se aplicará a su cuenta y deberá pagarse antes de su próxima cita.

Entiendo que programar una cita y acortarla o no darle a mi dietista el 100% de mi atención puede contar como Incumplimiento (No Show) \_\_\_\_

Entiendo que programar una cita para un menor, mayor de 8 años y no tenerlo presente también puede contar como Incumplimiento (No Show) \_\_\_\_

Asegúrese de estar listo para su cita mediante video a traves de su computadora o telefono inteligente (usamos RingCentral) para que su dietista pueda darle la mejor calidad de servicio posible durante su tiempo de consulta.

He leído y entiendo lo anterior.

\_\_\_\_\_ Fecha \_\_\_\_\_  
Nombre del Paciente o Representante

\_\_\_\_\_  
Firma