



**Deborah Jeffery, RDN LD**  
**703-201-1184**

2501 N. Glebe Rd. Suite 303  
Arlington, VA. 22207

1800 Michael Faraday Dr. Suite 201  
Reston, VA. 20190

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## Financial Agreement

My signature below signifies that I understand that I am responsible for payment of professional services rendered, as well as, any missed appointment or returned check fees. Payment is due at time of service. We accept cash, checks (made payable to Fairfax Dietetics), all major credit cards and most Health Saving Account debit cards.

I understand that Fairfax Dietetics does not process claims for insurance payment. However upon request, I will be provided with a medically coded receipt for me to request reimbursement for payment from my insurance provider. I understand that it is my responsibility to know the terms, regulations and limitations of my insurance plan.

Returned Checks: I will pay, by cash or credit card, a \$35 fee for a returned check in addition to my full balance within 10 days of being notified by Fairfax Dietetics.

Missed Appointments: We request the courtesy of at least 24 hours' notice if you must cancel or reschedule an appointment. Failure to do so may result in a \$50 "no show" fee.

I have read the above statements and I understand my responsibilities.

\_\_\_\_\_  
Print Full Name, Financially Responsible Party

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature, Financially Responsible Party



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## New Client Questionnaire

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Best number to reach me: H/W/C \_\_\_\_\_ Occupation \_\_\_\_\_

Reason for visit: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Medications/Supplements: \_\_\_\_\_

Food allergies/intolerances: \_\_\_\_\_

Type & frequency of physical activity: \_\_\_\_\_

How did you learn about Fairfax Dietetics? Please check one:

Your doctor- Name: \_\_\_\_\_

Internet Search

\_\_\_\_ Internet Directory – HealthProfs.com; The Academy of Nutrition & Dietetics;  
DietitianDirectory.com, etc.

\_\_\_\_ Referral – Please let us know who we can thank. \_\_\_\_\_

\_\_\_\_ Other \_\_\_\_\_

**Notes:** If you have any other conditions or notes we should have please type them here.