

ROBYN L. GOLDBERG, RDN, CEDRD, INC.

Nutrition Therapist

A Professional Corporation

360 N. Bedford Drive Suite 414

Beverly Hills, CA 90210

(310) 273-0413

New Patient Information

Name: _____

Address: _____

Birth day: _____ Email _____

Social Security# _____ Driver's License # _____

Phone No. Home: () _____ Work: () _____

Payment and Appointment Courtesy:

Payment is expected at the time of your appointment. Checks are to be made payable to Robyn L. Goldberg, RDN, CEDRD APC.

Your individual appointment for nutrition counseling is a time that is reserved specifically for you. You will rarely have to wait for your appointment. Please consider the following when making your appointment:

1. If you need to change your appointment, please give at least 24 hours notice. If there is an emergency and you are unable to give adequate notice, you are responsible for 50% of the expected fee. If the appointment is cancelled on the day of the appointment, you are responsible for 100% of the expected fee and cannot be submitted to insurance for reimbursement.
2. If you miss an appointment without notice, you will be responsible for the full amount of the visit.
3. Cancellations or appointment changes via email are not valid. All appointment changes must be made via phone.
4. Medical insurance companies may or may not offer coverage for outpatient nutrition counseling. Although you may have insurance that will reimburse you, please understand that it is your responsibility to pay for your visit and to have your insurance company reimburse you if applicable.

I hereby acknowledge responsibility for this account and assume and guarantee payments of all charges against this account as they accrue:

Signature of responsible party: _____ Date: _____