

Ashleigh Sellman Nutrition Counseling, LLC

ashleighsellmannutrition.com

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Cancellation Policy

At the time of scheduling, the client agrees to attend the session and pay for the session in full. A credit card is required to be held on file in the event of a client not showing for an appointment without notification of cancelling. In order to not be charged a fee, cancellation policy is listed below determined by day of appointment:

Monday appointment - no later than prior Thursday at 12 pm.

Tuesday appointment - no later than prior Friday at 12 pm.

Wednesday appointment - no later than prior Monday at 12 pm.

Thursday appointment - no later than prior Tuesday at 12 pm.

Friday appointment - no later than Wednesday at 12 pm.

Ashleigh Sellman Nutrition Counseling, LLC understands that life events sometimes prevent attending sessions at the last minute. Clients will be given a ONE TIME pass if a session is cancelled after the policy requirement as outlined by policy above where no fee will be charged. After this one time pass, if a client fails to attend another session or fails to notify the provider of the need to cancel or change appointment past the cancellation policy timeline, the client will be charged a full fee for the session on the credit card provided. Ashleigh Sellman Nutrition Counseling, LLC reserves the right to decide that services will no longer be scheduled or provided to client if client fails to show for 2 or more sessions or if client fails to notify provider of cancellation 2 or more times or if it is determined by provider that a pattern of inconsistent attendance is present.

Please review and initial the following. Your initials signify that you have read and understood your responsibilities.

_____ I understand the fee schedule and agree to pay the posted fee for service at the time of service via venmo, check or card to Ashleigh Sellman Nutrition Counseling, LLC.

_____ I understand and agree to the cancellation policy.

_____ I understand that I may be charged for a missed appointment or may be charged if I cancel outside of the cancellation requirements as posted above

_____ I understand that a credit card is required to be held on file in the event that I need to be charged as outlined above.

_____ I understand that if it is determined that my team needs to have a team meeting with me or a case conference to discuss my treatment that I will be charged as outlined above for that session.

_____ I understand that if I use a credit card to pay for services that I will be charged a \$3-5 additional processing fee on top of the posted fees to cover the processing fee charged by the credit card company.

Print name: _____

Date:

Sign Name:

Please return this initialed and signed form to Ashleigh Sellman Nutrition Counseling, LLC and keep a copy for your records. __