

Andrea Berez, MS, RDN

973-420-9789

aberez930@gmail.com

Dear Patient/Client:

**Thank you for allowing me to help you improve your diet and lifestyle.** It takes much effort and determination to alert behaviors related to eating, exercise, and overall lifestyle improvement. In an effort to maximize these changes I would like to emphasize that they will be more likely to occur with sustained interaction between the health care provider (me) and the client seeking to change or improve their diet and lifestyle. Each meeting will help to troubleshoot any obstacles a patient/client may be encountering, help you identify your successes, and help one to find/reach their goals in a more timely fashion.

**It has been my experience that 4-6 visits over a 6-12 month period of time will offer a more favorable outcome for you and your diet/lifestyle goals.**

These positive changes will be **much less likely to occur with a single visit!** I cannot emphasize enough the importance of regular contact, either by phone, fax, or email as well as the need to physically come in and discuss your progress and understanding of what a healthy diet means for you based on your medical history and current health status.

Please **help me to help you by making and keeping follow-up appointments.** A block of time has been reserved for you in order to facilitate positive changes in diet/lifestyle, it is extremely important for you to receive the attention that you deserve. **There is a 72-hour cancellation policy on ALL nutrition counseling appointments. If you fail to cancel within 72 hours, a \$100 fee will be charged.**

Sincerely yours:

Andrea Berez, MS, RDN

I understand that my eating, exercise, and lifestyle habits will be more likely to improve with continuous contact between myself and a health care provider trained in skills that will help me to facilitate these changes.

Your Insurance covers \_\_\_\_\_ visits/yr. If services are rendered and Insurance DOES NOT PAY, I understand I am required to pay \$180 for an initial visit and \$90 for all follow ups. Initial here \_\_\_\_\_

Patient/Client Name \_\_\_\_\_ Date \_\_\_\_\_

Patient/Client Signature \_\_\_\_\_

Staff Signature \_\_\_\_\_

