ARTHRITIS
AND
RHEUMATISM
ASSOCIATES, P.C.

Arise Infusion Therapy Services
Arthritis and Rehabilitation Therapy Services
Gout Center of Excellence
Medical Cannabis Institute
Wellness and Weight Loss Center

DIVISIONS OF ARTHRITIS AND RHEUMATISM ASSOCIATES, P.C

Dietary Services Self-Pay Waiver

I, the undersigned, acknowledge and agree to receive dietary services on a self-pay basis. I understand that:

1. **Voluntary Self-Pay Election**: I have chosen to pay out-of-pocket for dietary services provided by Arthritis and Rheumatism Associates, P.C.
2. **No Insurance Billing**: Arthritis and Rheumatism Associates, P.C. will not bill my private health insurance, Medicare, Medicaid, or any third-party payers for the services rendered.
3. **Financial Responsibility**: I accept full financial responsibility for all charges incurred for dietary services. Payment is due at the time of service unless otherwise arranged in writing.
4. **Non-Refundable**: I understand that payment for dietary services is non-refundable, even if I later choose to submit a claim to my insurance and it is denied.
5. **No Guarantee of Reimbursement**: I understand that I may submit my receipt to my insurance company for possible reimbursement, but there is no guarantee that I will be reimbursed.

Description of Services

I acknowledge that the services covered under this agreement may include:

- Medical Nutrition Therapy; Initial assessment
- Medical Nutrition Therapy; Follow up assessment
- Medical Nutrition Therapy; Group sessions
- Meal Planning Support
- Weight Management Counseling

Fees

I understand the following fee structure:

- Initial Consultation (up to 1 hour): $175.00
- Follow-Up Session (up to 45 minutes): $105.00
- Group sessions (if applicable): $50.00

_____

Print Patient or Representative Name

_____ _____

Patient or Representative Signature Date

If signed by someone other than the patient, please specify relationship to the patient: _____