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## Minor Authorization

**Date:** \_\_\_\_\_

This is to authorize that patient

[minor full name]: \_\_\_\_\_ [date of birth]: \_\_\_\_\_

is under the age of 18 and has parent and/or guardian permission to meet with a Nourish dietitian without a parent and/or guardian present.

If authorization permission changes, the parent and/or guardian is responsible for notifying Nourish of this change.

A credit card is required in accordance with our 24 hour cancellation policy and insurance out-of-pocket estimate provided at signup. Insurance estimate provided by Nourish is guaranteed.

The **Nourish Guarantee** is our commitment to no-surprise medical bills, our **Guarantee** is:

- If the appointment gets denied, we won't charge you for any past occurred appointments.
- If the appointment has a copay or coinsurance, we will not charge more than the initial estimate for any past appointments until we learn the real cost. Patients are immediately notified over email once we learn the actual copay or coinsurance. Future appointments will be charged the full copay or coinsurance amount.
- If the appointment goes towards your deductible, we'll offer you two options for any past appointments 1) Pay the deductible (and earn credit towards it) and keep doing appointments covered by insurance, or 2) Choose to not pay deductible and we won't charge for past occurred appointments. For any future appointments, patients need to pay out-of-pocket.

By eSigning this form, I fully understand and accept the terms of this authorization.

**Parent and/or Guardian Signature:** \_\_\_\_\_