

Flexible Payment Option

Full Name (First, Middle Initial, Last):			
Former Name/ Maiden Name (if applicable):			
Date of Birth (DD / MM / YYYY):		Current Age (in years):	
Gender:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	
Street Address (number,street name, apt #):			
Mailing Address (if different than above):			
City:		Province/State:	
Country:		Postal Code/Zip:	
Phone number(s) with area code:			
Email address:			
Date Intake and Service Option Form signed: (DD/MM/YYYY) (required)			

Please select option A. or B. below:

- A. The Flexible Payment Option for the **Comprehensive Dietary Package, Healthy Aging Package, Menopause Management Package, PCOS Package, Hypothyroid Management Package, Irritable Bowel Syndrome Package, Low FODMAP Diet Package, Constipation and Hemorrhoid Management Package** requires payments (credit\* or e-transfer) as follows:
1. \$150 plus GST (5%) paid at the time of booking the assessment visit.
  2. \$120 plus GST (5%) paid when booking the design of Meal Plan.
  3. \$240 plus GST (5%) at the time of booking the Nutrition Education Session (i.e. \$120 plus GST for the NES plus \$120 plus GST (5%) for the fourth visit.

\*A \$10 service charge per installment applies only on credit card payments.

- B. The Flexible Payment Option for **the 2:1 therapeutic ketogenic diet** require payments (credit\* or e-transfer) as follows;
- \$150 (GST exempt) paid at the time of booking the assessment visit  
 \$270 (GST exempt) when booking the design of Meal Plan for design of the Meal Plan plus \$120 (GST exempt) for Complex Clinical extra hour  
 \$240 (GST exempt) at the time of booking the Nutrition Education Session \$120 (GST exempt) for the Nutrition Education Session plus \$120 plus (GST exempt) for the Glucose and Ketone tracking teaching.

\*A \$10 service charge per installment applies only on credit card payments.

**STATEMENT OF UNDERSTANDING**

I understand and accept to pay for my services as indicated directly above and that selecting this option does not alter in any way the terms and conditions outlined on my previously signed Intake and Service Option Form.

**Client's First Name, Middle Initial, Last Name** (required) :

(required) By checking off this box, I declare that I have read this form, understand and agree with its contents.

(required) By checking off this box, I agree to all the terms above and understand that my typed name below is as legally binding as my physical signature.

**Client's signature (full name):**  
(required)

**Date:**  
(required)