

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. B., or C. below:

- A. The Flexible Payment Option for the **Comprehensive Dietary Package, GLP-1 Nutrition Support Package, Menopause Management Package, PCOS Package, Hypothyroid Management Package, Irritable Bowel Syndrome Package, Inflammatory Bowel Disease Package, Low FODMAP Diet Package, SIBO Diet Package** requires e-transfer payments as follows:
- \$150 paid at the time of booking the assessment visit.
 - \$120 paid when booking the design of Meal Plan.
 - \$240 at the time of booking the Nutrition Education Session (i.e. \$120 for the NES plus \$120 for the fourth visit).
- B. The Flexible Payment Option for the **Customized Nutrition Package** requires e-transfer payments as follows, based on the quotation outlined on the Intake and Service Option Form
- first payment due at the time of booking the assessment visit.
 - second payment paid when booking the design of Meal Plan.
 - third payment due at the time of booking the Nutrition Education Session
- C. The Flexible Payment Option for **the 2:1 therapeutic ketogenic diet** requires e-transfer payments as follows:
- \$300 paid at the time of booking the assessment visit for assessment and calculations
 - \$250 when booking the design of Meal Plan for design of the Meal Plan and Meal Plan Summary
 - \$250 (GST exempt) at the time of booking the Nutrition Education Session, for teaching the 3 variations of the Meal Plan, portions, servings sizes, electrolytes and supplements, ingredients and food preparation, and weighing food and tracking urinary ketones.

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)