



Virginia Medical Alliance

Meal Planning Service Financial Policy

The undersigned agrees, whether he or she signs as the Patient or the Authorized Representative, that in consideration of the meal planning services to be rendered to the patient, he or she hereby individually obligates him/herself to promptly pay Virginia Medical Alliance, PC at the same time this form is returned. Your debit/credit card will be charged at the time of receiving this form. Once paid, the Registered Dietitian will send a link via email with an invitation to the EatLove meal planning software and app. The patient will then create an account on EatLove.

There are no refunds available.

Please check the following box that corresponds to the appropriate option you want to purchase:

- One-Month Program Access (\$39)**
- Three-Month Program Access (\$99) (25% discount)**
- Six-Month Program Access (\$149) (35% discount)**

By signing below, you agree that (i) you have read and understand this form, (ii) you have selected the above marked option, and (iii) acknowledge that you are financially responsible for all services performed for the Patient and that you agree to pay the full balance.

Patient Name

Patient Email (please print clearly)

Patient Signature

_____/_____/_____
Date

Authorized Representative Signature*

_____/_____/_____
Date

Relationship to Patient*

**if patient is a minor or otherwise has an authorized representative.*

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VirginiaMedicalAlliance.com