Weight Verification Form

Date of Appointment:

Month: _____ Day: _____ Year: _____

I, _____ (client/patient name), verify that I have not lost any weight (measured in imperial pounds and ounces) since the start of my **alleate accountability** subscription period and am pursuing a full refund for the duration of my subscription period in which I lost no weight.
Client/Patient Initials _____

I verify that I have attended 9 out of every 10 weekday Check-ins over the entire duration of my subscription period, which will be indicated on **alleate's** Zoom attendance report logs. I have filled out and submitted all of my required Daily Questionnaires (7 days a week) and tracked my daily nutrition intake in either calories or Pips™ during my subscription period. *Client/Patient Initials* _____

I verify that I am *visiting* a doctor or physician *within 7 calendar days* following the cancellation or ending of my **alleate accountability** subscription to attest my current weight. I will *submit* this "Weight Verification Form," signed by the doctor or physician, *within 14 calendar days* following the cancellation or ending of my **alleate accountability** subscription to support@alleate.com with the word "Refund" in the subject of my email. I verify that *I will also attach a copy of the physician's visit summary (with the physician's official header or insignia) from today's visit* along with this "Weight Verification Form" in the same email. *Client/Patient Initials* _____

I recognize that if I have lost any weight or if I am found to have perjured in any way, a refund or monetary reimbursement of any amount will not be owed to me. *Client/Patient Initials* _____

Client/Patient Name (printed): _____

Client/Patient Signature: _____

Patient Information:

First Name: _____ Last Name: _____

DOB: _____ Height: _____ Weight: _____ Sex: M / F

Phone Number: _____ Email: _____

Home Address: _____ City: _____

State: _____ Zip Code: _____ Country: _____

Medical Provider Information:

Provider Name: _____

Provider Phone Number: _____

Provider Street Address: _____ City: _____

State: _____ Zip Code: _____ Country: _____

To be filled out by the physician:

Today's Date: _____

What is the patient's weight today: _____ lbs _____ oz

Provider Contact: _____

Provider Name (printed): _____

Provider Signature: _____

Money-Back Guarantee Terms and Conditions:

You must attend 9 out of every 10 daily Check-ins over the entire duration of your subscription period, which must be provable and indicated by your attendance successfully registering on **alleate's** Zoom attendance report logs. You must have filled out and submitted all of your required Daily Questionnaires (7 days a week) during your subscription period, regardless of whether or not you joined all of the daily check-in meetings. You are not required to meet your daily calorie or Pip™ consumption goal to be eligible for reimbursement, but you must track what you eat and drink in either calories or Pips™ every day. You must be able to prove you have not lost any weight (measured in imperial system pounds and ounces), or that you have gained weight, by going to a verifiable medical doctor or certified physician. You must submit, within 14 calendar days following your subscription cancellation or subscription period ending, the signed medical "Weight Verification Form" by that doctor or physician, showing your current weight on a date that lands within 7 calendar days following your subscription cancellation or subscription period ending, and you must send this signed document to support@alleate.com with the word "Refund" in the subject of your email. You must also attach a copy of the physician's visit summary (with the physician's official header or insignia) from the visit along with the "Weight Verification Form" in the same email. If you have been found to have lost any weight or to have perjured in any way, a refund or monetary reimbursement of any amount will not be owed to you.