

Nutrition Coaching Client Payment Record

Keep in the client's confidential folder

CLIENT & PROGRAM INFORMATION

Client name: _____	Coach: _____
Phone: _____	Email: _____
Program start date: _____	Initial 3-month end date: _____

PRICING, BILLING & AUTHORIZATION

Initial package	☐ Regular: \$399.00 ☐ 50% off: \$199.50 ☐ Other: \$ _____
After 3 months	☐ Regular: \$99.00/month ☐ 50% off: \$49.50/month ☐ Other: \$ _____
Billing schedule	Payment date each month: _____ Next payment due: _____ Auto-pay: ☐ Yes ☐ No
Payment method	☐ Card on file ☐ Cash ☐ Check ☐ Other: _____ Last 4 digits only: _____
Documents	Coaching agreement signed: ☐ Yes ☐ No Payment authorization signed: ☐ Yes ☐ No

Privacy note: Never write a full card number, expiration date, PIN, or security code on this sheet.

PAYMENT RECORD

Due Date	Amount Due	Date Paid / Run	Amount Paid	Method / Last 4	Status	Coach Initials	Notes / Follow-up

FOLLOW-UP, CHANGES & CLOSURE

Declined / missed payment	Date: _____ Contacted by: _____ Method: ☐ Call ☐ Text ☐ Email Resolved: ☐ Yes ☐ No
Plan or billing change	Effective date: _____ New amount/date: _____ Approved by: _____
Pause / cancellation	Notice date: _____ Final payment: _____ Last service date: _____ Reason: _____
Account status	☐ Active ☐ Past due ☐ Paused ☐ Completed ☐ Cancelled Date updated: _____

IMPORTANT NOTES / COACH HANDOFF

Coach signature: _____	Manager review: _____

Coach check: Review this sheet weekly and before running payments. Update the next due date immediately after every successful payment.