



Canada Metabolic Inflammation Diagnostics Inc.

Payment Statement

(To be completed and signed by the patient)

NON-OHIP covered Test- You can use Master Card or Cheque to pay at the time of your visit.

Alternatively the best option would be e-transfer. Info Below:

Payable to Canada Metabolic Inflammation Diagnostics Inc.

dr.ragheb@cmidinc.ca

For Credit card Payment:

Please send your credit card payment form with the laboratory requisition and sample to:

**Canada Metabolic Inflammation Diagnostics Inc.
4040 Finch Avenue E. Suite #108/LL5
Scarborough, ON
M1S 4V5, Canada**

PLEASE PRINT (Patient information):

Last Name		First Name		Initial
Birth Date (dd/mm/yyyy)		Phone Number		
E-mail				
Address				
City			Province	Postal Code

Cytokine Biochip Array (12 cytokines)

Other Arrays/or tests

Harmonized Sales Tax (HST) \$ 0.00

PAYMENT

Visa MasterCard

CREDIT CARD NUMBER

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

EXP. DATE (MM/YY)

--	--	--	--

TOTAL AMOUNT

\$ _____

SEC NO.

--	--	--

I understand that my credit card will be charged for the full amount of testing.

CREDIT CARD HOLDER

SIGNATURE

DATE

NOTE: Alternative Method of Payment (E-Transfer), preferable Method (Optional) For more information: Tel.: 1-647-4013185 or Email: dr.ragheb@cmidinc.ca

www.cmidinc.ca

CMIDINC credit card form v1, 2022