Bountiful Life

CHIROPRACTIC

wellness membership

SINGLE MEMBER:
for any individual receiving care

4 VISITS per month $220 per month

2 VISITS per month $120 per month

- 10% discounted appointment rate
- additional adjustments - $49.50 each
- includes all doctor recommended spinal x-rays and evaluations - $225+ complimentary value over 1 year for an adult (other x-ray types not included)

TWO FAMILY MEMBERS:
families with two members receiving care

4 VISITS per month $195 per month per person

2 VISITS per month $110 per month per person

- 20% discounted appointment rate
- additional adjustments - $44 each
- includes all doctor recommended spinal x-rays and evaluations - $225+ complimentary value over 1 year for an adult (other x-ray types not included)

THREE+ FAMILY MEMBERS:
families with three or more members receiving care

4 VISITS per month $180 per month per person

2 VISITS per month $100 per month per person

- 25% discounted appointment rate
- additional adjustments - $41.25 each
- includes all doctor recommended spinal x-rays and evaluations - $225+ complimentary value over 1 year for an adult (other x-ray types not included)

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CHIROPRACTIC

wellness membership agreement

plan start date: _____
today's date

family member 1: _____ VISITS per month 2 ○ 4 ○
name + date of birth

family member 2: _____ VISITS per month 2 ○ 4 ○
name + date of birth

family member 3: _____ VISITS per month 2 ○ 4 ○
name + date of birth

family member 4: _____ VISITS per month 2 ○ 4 ○
name + date of birth

family member 5: _____ VISITS per month 2 ○ 4 ○
name + date of birth

last 4 digits of the card on file you would like us to charge your membership fees to: _____

DETAILS OF WELLNESS MEMBERSHIP:

- With your signature, you acknowledge that all family members meet the following definition: a spouse, a child that is financially dependent (includes unmarried children up to the age of 22), a special needs dependant, or a dependent parent (residing in the home)
- Monthly payments will be automatically processed to your form of payment on file, as noted above.
- Chiropractic adjustments in addition to the plan allowance must be paid for individually at the time of service.
- Memberships automatically renew each month indefinitely until cancelled by subscriber.
- Contracts extending past 90 days of membership will incur no cancellation fee. If cancelling prior to 90 days of membership, a $100 cancellation fee will be applied to each cancelling member's account.
- Membership cancellation or plan changes require a 30 day notice. Cancellation & Plan Change forms are available at the front desk.
- Due to governmental legalities, medicare and medicaid patients are not eligible for discounted care plans.
- **Due to insurance legalities, members may not submit claims to insurance while participating in the membership agreement. Failure to comply will result in termination of the membership agreement.**

family email: _____

member signature: _____

member signature: _____

**second signature only required if 2 adults are participating in the plan*

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CHIROPRACTIC

wellness membership addendum

today's date: _____ *All plan changes require a 30 day transition window for changes to take full effect.*

To add a member to an existing membership - please list the family member(s) you would like to add and select the number of visits they wish to subscribe to.
To change the frequency of an existing membership - please list the name of the member and select the new preferred subscription frequency.

family member: _____ VISITS per month 2 ○ 4 ○
name + date of birth

family member: _____ VISITS per month 2 ○ 4 ○
name + date of birth

family member: _____ VISITS per month 2 ○ 4 ○
name + date of birth

family member: _____ VISITS per month 2 ○ 4 ○
name + date of birth

last 4 digits of the card on file you would like us to charge your membership fees to: _____

DETAILS OF WELLNESS MEMBERSHIP:

- With your signature, you acknowledge that all family members meet the following definition: a spouse, a child that is financially dependent (includes unmarried children up to the age of 22), a special needs dependant, or a dependent parent (residing in the home)
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- Membership cancellation or plan changes require a 30 day notice. Cancellation & Plan Change forms are available at the front desk.
- Due to governmental legalities, medicare and medicaid patients are not eligible for discounted care plans.
- **Due to insurance legalities, members may not submit claims to insurance while participating in the membership agreement. Failure to comply will result in termination of the membership agreement.**

family email: _____

member signature: _____

member signature: _____

**second signature only required if 2 adults are adding to or changing their plan*

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CHIROPRACTIC

wellness membership cancellation

Wellness membership cancellation requires a 30 day advanced notice.

today's date: _____

cancellation effective date: _____

Contracts extending past 90 days of membership will incur no cancellation fees.
Cancelling prior to 90 days of membership will result in a $100 cancellation fee being applied to each cancelling member's account.

Please cancel chiropractic wellness membership for the following member(s):

family member: _____
name + date of birth

family member: _____
name + date of birth

family member: _____
name + date of birth

family member: _____
name + date of birth

family member: _____
name + date of birth

family member: _____
name + date of birth

family member: _____
name + date of birth

family member: _____
name + date of birth

member signature: _____

member signature: _____

**second signature only required if 2 adults are participating in the plan*