

MEMBERSHIP PACKAGES

CHIROPRACTIC

SINGLE MEMBERSHIP, FOUR PER MONTH

- ☐ **\$190** /MTH FOUR ADULT ADJUSTMENTS
- ☐ **\$128** /MTH FOUR PEDIATRIC ADJUSTMENTS
- 20% OFF** EXAMS, X-RAYS, AND ANY ADDITIONAL ADJUSTMENTS BEYOND FOUR PER MONTH

SINGLE MEMBERSHIP, TWO PER MONTH

- ☐ **\$108** /MTH TWO ADULT ADJUSTMENTS
- ☐ **\$72** /MTH TWO PEDIATRIC ADJUSTMENTS
- 10% OFF** EXAMS, X-RAYS, AND ANY ADDITIONAL ADJUSTMENTS BEYOND TWO PER MONTH

NUTRITION

SINGLE MEMBERSHIP, TWO PER MONTH

- ☐ **\$110** /MTH TWO ADULT NUTRITION RESPONSE TESTING® APPOINTMENTS
- ☐ **\$70** /MTH TWO PEDIATRIC NUTRITION RESPONSE TESTING® APPOINTMENTS
- 10% OFF** ADDITIONAL NUTRITION RESPONSE TESTING® APPOINTMENTS

SINGLE MEMBERSHIP, ONE PER MONTH

- ☐ **\$55** /MTH ONE ADULT NUTRITION RESPONSE TESTING® APPOINTMENT
- ☐ **\$35** /MTH ONE PEDIATRIC NUTRITION RESPONSE TESTING® APPOINTMENT
- 10% OFF** ADDITIONAL NUTRITION RESPONSE TESTING® APPOINTMENTS

MASSAGE

SINGLE MEMBERSHIP, 60 MINUTE

- ☐ **\$85** /MTH ONE 60-MINUTE MASSAGE PER MONTH
- 20% OFF** ANY ADDITIONAL MESSAGES

SINGLE MEMBERSHIP, 30 MINUTE

- ☐ **\$45** /MTH ONE 30-MINUTE MASSAGE PER MONTH
- 10% OFF** ANY ADDITIONAL MESSAGES

MEMBERSHIP PACKAGES

- Memberships automatically renew each month indefinitely until cancelled by subscriber.
- Membership cancellation or plan changes require a 30 day notice. Cancellation & Plan Change forms are available at the front desk.
- Visits do not roll over from month-to-month if not used.
- “Pediatric” refers to any patient between 0 and 17 years of age.
- Payment for appointments must be made at the time of service for all appointments and services which are not included in your pre-paid visits. A form of payment can be saved on file and processed automatically if desired.
- Patients may not enroll in a membership plan and also submit claims to insurance.
- For chiropractic memberships only:
 - We are unable to offer discounted care to Medicare members.
- If special circumstances arise, we are happy to discuss potential solutions with you. Please don't hesitate to reach out!

Please contact our Billing Specialist - Sarah Harsha with questions:

finance@abountifullife.com | direct line: 515.612.6462

Printed Name _____

Start Date _____

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

Signature of Patient or Guardian _____ Date _____

Confirmation that the membership form has been received by front office team ☐

Patient Advocate Initials _____ Signature _____