



OPTIMAL WELLNESS PLANS

Silver - \$50/month:

1) This plan includes:

- 1 guaranteed adjustment per month at \$50
- 5% off supplements
- 1 re-exam at 6 months from start of membership.

2) Must receive 1 adjustment each month of the 12-month plan.
Any additional adjustments are locked in at \$50.00.

3) Modalities locked in at \$10.

Gold - \$90/month:

1) This plan includes

- 2 guaranteed adjustments per month at \$45 each
- 10% off supplements
- 1 re-exam at 6 months from start of membership.

2) Must receive 2 adjustments each month of the 12-month plan.
Any additional adjustments are locked in at \$45.00.

3) Modalities locked in at \$10.



FAMILY PLAN

New Patient Exam discount:

Spouse: \$99

1st Child: \$89

2nd Child +: \$84.15

(These New Patient exam prices are for additional family members of established patients who are already on a wellness plan.)

Adding family members to plan:

1st member 10% off of plan price

2nd member 15% off

3rd member 20% off

4th member 23% off

1st member's name: _____ Date of Birth: _____

Membership Start Date: _____ Type: _____

2nd member's name: _____ Date of Birth: _____

Membership Start Date: _____ Type: _____

3rd member's name: _____ Date of Birth: _____

Membership Start Date: _____ Type: _____

4th member's name: _____ Date of Birth: _____

Membership Start Date: _____ Type: _____

Patient Signature

Date



OPTIMAL WELLNESS PLAN DETAILS

Membership Start Date: _____

Silver

Gold

Please read through and initial each statement.

_____ All memberships are 12-month agreements.

_____ Membership monthly fee is auto-drafted on the first business day of every month.

_____ Each individual in a membership is locked into that price for adjustments for the duration of the membership.

_____ We can print a Superbill for the purpose of self-submitting to insurance.

_____ We will not be responsible for any reimbursement or lack thereof. We will not enter into any negotiation on behalf of either party

_____ Services are non-transferable to anyone else, including family.

_____ Membership can be put on hold for 1 month due to illness or out of town.

_____ We encourage you to use these for your benefit. Therefore, services are per month and cannot carry over to future months. Fees are due even if services are not used.

_____ Cancellation fee is cost of 1 month plus \$25.00 service fee.

Patient Signature

Date

Patient Printed Name



CREDIT GUARANTEE FOR AUTO-DRAFT

It is Canyon Chiropractic Center's office policy to draft monthly membership plan fees on the 1st of every month for the duration of each plan.

I, _____, authorize Canyon Chiropractic Center to charge my credit card on the 1st of every month for the duration of my Optimal Wellness Plan. I will update my credit card information with Canyon Chiropractic Center if needed.

Patient Signature

Date

Credit Card Information:

___ Visa

___ MC

Cardholder Name: _____ CVV Code: _____

Card #: _____ Expiration Date: _____

Patient Signature

Date