

Presentation Date:

Patient:

HEALTH FIRST

 CHIROPRACTIC & WELLNESS

This care plan was designed to address your specific needs. If care is ended prior to the completion of agreement, the account will be refigured at the usual and customary fees for all family members and individuals. Any balance due or refund owed, will be paid in full within 30 days of written notice or when full insurance reconciliation has been made. If insurance does not pay the indicated amount below, the patient will be responsible for the remaining balance.

VIP Wellness Care Plans

| Description | Unit Price |
| --- | --- |
| Total Investment For Care | $  |
| Insurance Contribution  | $  |
| Patient Balance after Insurance | $  |
| * **Option 1:**

1 Payment (10% Savings) Savings:\_\_\_\_\_\_\_\_\_\_\_\_\_(No charge for additional adjustments required in our office if the doctor deems them necessary. This does not apply to PI or WC Cases) | $  |
| * **Option 2:**

 3 Payments (5% Savings) Savings:\_\_\_\_\_\_\_\_\_\_\_\_\_ | $  |
| * **Option 3:**

\_\_\_\_\_\_Monthly Payments (0% Savings) Savings:\_\_\_\_\_\_\_\_\_\_\_\_\_ | $ Expiration Date:  |
| Number of Adjustments In Care Plan |   |

\*This does not include any additional services that may be billed to your insurance beyond the services indicated above.

|  |  |  |
| --- | --- | --- |
| Frequency | # Adjs | DR Recommends |
| WP1 | 52 |  |
| WP2 | 26 |  |
| WP3 | 17 |  |
| WP4 | 13 |  |
| Other |  |  |

I authorize Health First Chiropractic to keep my signature on file, and to charge the credit card listed below for the amount and frequency indicated above on the 1st and/or 15th of the month for any additional payments owed after today’s date. If paying with Check: I agree to providing Health First Chiropractic with post-dated checks for the amount and frequency indicated above to be deposited on the 1st and/or 15th of the month for any additional payments owed after today’s date.

Cardholder Name:

Card Type: Visa MC Discover AMEX

Account #: Exp. Date: CVV: Zip

Signature: Date:

Number of payments: 1 3 6 11 Other: \_\_\_\_\_\_\_

Process date: 1st 15th

|  |  |  |  |
| --- | --- | --- | --- |
| **Month** | **Date** | **Amount** | **Initial** |
| January |  |  |  |
| February |  |  |  |
| March |  |  |  |
| April |  |  |  |
| May |  |  |  |
| June |  |  |  |
| July |  |  |  |
| August |  |  |  |
| September |  |  |  |
| October |  |  |  |
| December |  |  |  |
| January |  |  |  |