

Ferguson Family Chiropractic Individual and Family Plans

MEMBERSHIP: Date: _____

Family Individual

Names: _____

Individual

Family

\$72.00 per month - 2 visits per month

\$150.00 per month - 2 visits per month/per person

\$112.00 per month - 4 visits per month

\$232.00 per month - 4 Visits per month/per person

First family member exam is \$115.00, each additional family member exam is \$55.00. Any additional visits in the month are discounted from \$45 to \$25 per visit/person

The family plan includes 2 adults and any children under the age of 18 living in the home

\$68.00 per month- monthly massage plan

VISIT SAVINGS:

6 visits \$210.00/ \$60.00 savings

*does not include therapy or Ecode (\$12 per visit)

IMPORTANT CONSIDERATIONS:

Wellness plans are a minimum of a 3 month commitment. You will be automatically charged monthly for 3 consecutive months even if you choose to end your plan before 3 months. It is your responsibility to cancel your own plan with the front desk.

(PLEASE INITIAL _____)

The fees for the Wellness Plans are affordable and reasonable and reflect a 40-50% fee reduction from the typical yearly usage. The fees were created with consideration of possible interruptions in care during the year for vacations and other unforeseen situations. No credit is given for vacations, sabbaticals, or other interruptions in office visits.

(PLEASE INITIAL _____)

Initial Exams, Re-exams, Nutritional Appointments, E-Code, Therapies, Bloodwork reviews, or Insurance Reimbursement Receipts and detailed itemized statements, (other than a simple receipt), are NOT included in the One Year Wellness fee. A Separate appointment can be scheduled for these services for an additional charge per visit. ECode- \$20, Therapy \$12, detailed billing print outs \$15

(PLEASE INITIAL _____)

Visits may not be shared or traded to another family member; if a visit is missed it can't be made up. A 'No show' or an appointment not cancelled 24 hours before the scheduled time counts as that visit and cannot be rescheduled.

(PLEASE INITIAL _____)

A credit card must be on file and will be charged once a month on the agreed upon date.

(PLEASE INITIAL _____)

I agree to all conditions listed above: _____

Thank you for joining our family wellness program!