



Chiropractic Monthly Package Subscription

Description: Purchase ongoing monthly chiropractic package subscription, locking in current fee schedule against future price changes. Unused monthly adjustments are added to your “bank” for future appointments. These massages must be used within the time prescribed.

Investment: \$45 per month for 1-2 region adjustments

\$65 per month for 3-4 region adjustments

Total: _____ \$45 for 1-2 region chiropractic package, due by automatic payment on the 1st of every month.
_____ \$65 for 3-4 region chiropractic package, due by automatic payment on the 1st of every month.

I, _____, agree to the following:

Refunds: This agreement is non-refundable and non-transferable.

Services: Client will receive one (1) chiropractic adjustment per month at Whole Health Center (Inside A Healing Space). Additional adjustments can be purchased at the same fee rate. We cannot guarantee that you will respond to treatment. No doctor can guarantee a cure for any disease or condition.

Acknowledgement of discount fees: Client acknowledges that these fees are discounted and not WHC’s usual & customary fees. As such, client understands that no third party insurance is being billed by WHC. If client wishes to submit receipts directly to an insurance carrier, said receipts will reflect discounted fees only.

Program extension due to temporary disruptions in care: In the event that insurance benefits become available because of a workers’ compensation or personal injury claim or for any other reason, client understands that we will suspend this agreement while treating client for any accident related injuries. Care provided during said extension will be at WHC’s usual & customary fees.

Appointment cancellation policy: There is no charge if you cancel an appointment with a minimum of 24 hours preceding your appointment. Same day/late cancellations will incur a \$35 fee for the **first time** only. A missed appointment or any subsequent late cancellations will be counted as one of your visits. If you have no pre-paid visits remaining on your account, the full cost will be charged to the card on file.

I acknowledge receiving and reading a completed copy of this agreement before signing.

Patient Signature _____ Date _____