**Each plan is for one full month (30 days) of Chiropractic Care, not a calendar month.**

Initials 10 min. appointment 20 min. appointment

\_\_\_\_\_\_\_\_\_ Intensive Care:…………...…………. 204.00……………………… 350.00

 4 or 5 visits per week

\_\_\_\_\_\_\_\_\_ Corrective Car…………...………….. 137.00……………………… 220.00

 2 or 3 visits per week

\_\_\_\_\_\_\_\_\_ Wellness Care/
 Health Optimization ..………..…… 51.00……………………..…… 80.00

 1-4 visits (maximum of 1 visit per week)

\_\_\_\_\_\_\_\_\_ Additional Family: ………………………………………………………….… 51.00

 For an additional single charge, you can add anyone living in your home, away at college, or in the military this is one fee no matter how many people are added, but they must be a member of your household.
 Family member(s) are only allowed to come in the maximum number of times per week allowed for the Practice member.

\_\_\_\_\_\_\_\_\_ Consultation, Exam, Report of Findings and Planning: …….... 45.00

 This is a two step process. First visit will be the consultation

 and exam. Second visit is the Report of Findings and Planning.

\_\_\_\_\_\_\_\_\_ Additional Family Consultation, Exam, Report & Planning…. 25.00 each person

Each month, as you progress, and as long as you are taking an active part in your care, you will continue to move down in price and level. In order to progress from one level to the next, one month (30 days) cannot be skipped. Example, if your plan ends on July 30th, and you do not make another appointment until September 1st or later, you may not be moved down another level.

If for some reason, you no longer wish to receive care, you will be reimbursed the remainder of the amount based on the week you are in. For example, if you paid 137.00, and two weeks later, you decided to no longer continue, there are 4 weeks in a month, therefore, you would be reimbursed 68.50. If it has been three weeks, you would be reimbursed 34.25. If you paid by credit card, a refund will be put onto your credit card. If you paid by check or cash, a check will be written to you from Chrysalis Chiropractic.
The Request for a refund must be signed and dated. The Consultation, exam, report and planning are not refundable.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ agree to pay the above fees (indicated by my initials) for one
 Printed Name month of care. I understand that if there is a space of more than 30 days in which I do not come in for care, and renew membership for another month, I may not be moved down to the next level in price.

Dr. Jan understands that there may be circumstances in which, for whatever reason, you are not able to pay the full amount for care. Therefore, please speak with Dr. Jan and every effort will be made to make arrangements. Other Terms agreed upon by Doctor and Practice Member:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature of Practice Member Date

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Signature of Doctor Date