



Family Wellness Plan

Optimal Health and Wellness is pleased to offer a Family Wellness Plan for our patients qualifying under the following conditions:

- 1. Patients may not claim Chiropractic services under any health insurance policies.*
- 2. All members on the Family Wellness Plan must be under regular chiropractic care as specified by the office (minimum of 1 visit per month).*
- 3. All visits under the plan are basic adjustments for wellness visits only. Any additional visits during the month due to illness or injury are \$55. Extenuating circumstances in the event of a major injury will be handled on a case by case basis.*

1 Adjustment per month

Adult — \$47

Child — \$35

Ex: Family of 3 (2 adults, 1 child) = \$129 a month

2 Adjustments per month

Adult — \$40 per adjustment

Child — \$30 per adjustment

Ex: Family of 3 (2 adults, 1 child) = \$220 a month

In order for this contract to be valid, each member under contract must have an appointment scheduled and cannot be on a “will call” basis.

You may cancel the plan at any time, but we require 2 week’s notice before your next billing. You will not be eligible to restart the plan for 6 months.

If you are on the Family Wellness Plan, a credit card is required to be on file and you will be charged your monthly fee of \$ _____ on the _____ of each month.

We reserve the right to cancel or alter this program without prior notification.

I, the undersigned patient or parent of the patient, have read the *Family Wellness Plan* and agree to the program as outlined by the document.

Patient name _____ Signature _____

Minor patient name _____ Parent signature _____

Minor patient name _____ Parent signature _____

Minor patient name _____ Parent signature _____

Office representative _____ Date _____