

Presentation Date: _____



Patient: _____

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	\$ _____
<input type="checkbox"/> 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)	\$ _____
<input type="checkbox"/> Option 2: 3 Payments (5% Savings) Savings: _____	\$ _____
<input type="checkbox"/> Option 3: _____ Monthly Payments (0% Savings) Savings: _____	\$ _____
Number of Adjustments In Care Plan	_____

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

Expiration Date: _____

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

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			