

WELLNESS



48+
Visit
Program

OPTIMAL



Weekly Adjustments including the **Optimal Perks** of Wellness.

\$1716 Yearly Payment
\$143 Monthly Payment
Expires Each 12 Months
Over a **35% Savings!**



26
Visit
Program

PROGRESSIVE



Bi-Monthly Adjustments including the **Progressive Perks** of Wellness.

\$1001 Yearly Payment
\$83.45 Monthly Payment
Expires Each 12 Months
30% Savings



16
Visit
Program

MAINTENANCE



Adjustments every three weeks to **Maintain** a healthy lifestyle.

\$ 748 Yearly Payment
\$62.30 Monthly Payment
Expires Each 12 Months
Over a **15% Savings!**



12
Visit
Program

MINIMUM



Bi-Monthly Adjustments to manage the **Stresses** of daily living.

\$594 Semi-Annual Payment

Expires Each 6 Months
Over a **10% Savings!**

**All services will be applied to account balances at the full cost of care (\$55.00 per office visit). If you terminate your program of care prematurely, we will calculate the balance owed based on services provided at full cost, up to and including the last date of care. If a prepay plan is chosen, payment will be automatically deducted from your account provided on the 1st the of each month specified. If you would like to use insurance to support you, a receipt of paid services will be given on a monthly basis. Therapies, exams, scans, x-rays, massages, vitamins, pillows or orthotics are not included. These packages are not transferable and may not be used past expiration date.*

Visit Plan: _____ Payment Plan (check one): () 1 Payment () 12 Payments

Credit card # (Monthly only): _____ Exp.: _____ Payment Day: _____ 1st _____ 15th

Billing Address: _____ City _____ State _____ Zip _____