

**Door to Door Chiropractic: Wellness Membership Subscription Program Form**

Date: \_\_\_\_\_ Patient ID Number \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

**BILLING INFORMATION**

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**WELLNESS MEMBERSHIP INFORMATION**

Monthly subscription (3 month minimum) - ~~\$45~~

Benefits include: 1) Up to one (1) adjustment/entrainment per month 2) Add additional adjustments/entrainments for only \$30.  
3) NutriDyn Supplements at 10% above wholesale prices. 4) Add additional Soft Tissue Therapy for \$10

**BILLING INFORMATION AND AUTHORIZATION**

Total Recurring Monthly Plan Cost is: ~~\$45~~

Card Type: (Credit/ Debit/ HSA/ FSA)

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_/20 \_\_\_\_\_

Your Plan Begins On: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ CVC: \_\_\_\_\_

This Wellness Membership Agreement ("Agreement") is entered by and between Door to Door Chiropractic ("We" or "Us") and Member ("You").

By signing below, You (or your parent/guardian, as applicable) authorize Us (or our authorized representative) to charge the account (credit/debit/HSA or FSA) you have specified above. Monthly payments will be withdrawn 1) on the first of the month **OR** 2) on or after the same day of each month unless prohibited by the number of days in the month, in which case the fee will be withdrawn the last day of the month. Additionally, You (or your parent/guardian, as applicable) authorize Us (or our authorized representative) to charge the card on file in lieu of presenting it for any services received at your request.

We agree to sell, and You agree to purchase the membership, services and benefits described herein. You (or your parent/guardian, as applicable) agree to pay Us the membership, services and benefits according to the payment schedule above. Your signature (or the signature of your parent/guardian, as applicable) below indicates your agreement (and the agreement of your parent/guardian, as applicable) to be bound by this Agreement and its Terms and Conditions. All persons signing this Agreement are equally responsible for paying it in full.

**Terms and Conditions**

This agreement can be terminated by either party (You or Us) by filling out a Membership Cancellation form. The cancellation request must be sent in **one (1) week prior to** the date agreed upon here in this document. There is a three (3) month minimum requirement upon initiating this Wellness Membership before a cancellation or freeze request can be applied to your account. Your membership access includes up to one (1) adjustment/entrainment per month. Due to the significant discount provided of 56%, any unused or missed visits, for any reason, will be forfeited. There is no change to this Wellness Membership pricing due to missed or unused appointments for any reason. You must update Us with any changes regarding your billing. If payment cannot be processed due to a lack of updated information, You may be charged a penalty fee.

YOU ACKNOWLEDGE READING A COMPLETED COPY OF THIS AGREEMENT AND ITS TERMS AND CONDITIONS BEFORE SIGNING BELOW. YOU ACKNOWLEDGE THAT DOOR TO DOOR CHIROPRACTIC IS SUBJECT TO APPLICABLE STATE LAW, WHICH SHALL GOVERN IN THE EVENT OF ANY CONFLICT.

\_\_\_\_\_  
(Member's Signature) (Date)

\_\_\_\_\_  
(Parent/Guardian Signature) (Date)