

**Door to Door Chiropractic: Package Agreement Form**

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

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

**BILLING INFORMATION**

Address \_\_\_\_\_

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

<p><b>PACKAGE INFORMATION</b>  One Time Payment Of:  <b>1) 6 Pack (\$390) [65 each] 2) 9 Pack (\$540) [60 each] 3) 12 Pack (660) [55 each] 4) Add additional Soft Tissue Therapy for \$15</b></p> <p><b>BILLING INFORMATION AND AUTHORIZATION</b>  Option Chosen: _____ Card Type: (Credit/ Debit/ HSA/ FSA)  Card Number: _____ Expiration Date: _____ /20 _____  Your Plan Begins On: _____ / _____ / _____ CVC: _____</p>
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This Package 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. A one time payment will be charged unless other financial agreements have been made. 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 package described herein. 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**

We will retain your credit card number on file in compliance with standard laws until all payments are completed. Any unused portion of package payments made is refundable. However, discounts will no longer apply; services received will be considered at our normal rates. Extended payment arrangements will be canceled should you discontinue your care prematurely; your balance will be due in full at that time. 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)