

Door to Door Chiropractic

Wellness Membership Freeze Request Form

Date: _____ Patient ID Number _____

Section 1: To be completed by member

First Name _____ Last Name _____

Reason for Freeze Request _____

Section 2: To be completed by clinic staff

Member since ____/____/____ Freeze Start Date ____/____/____ Restart Date ____/____/____

Staff Signature: _____

Section 3: Terms and Conditions of Membership Freeze

A membership may be placed on a temporary freeze for a period of no less than thirty (30) days and no greater than 120 days and must be done in 30 day increments. The Member will be charged on their first month of re-starting. The Member is guaranteed the same Membership pricing as the original agreement and will not be subject to any changes in rates that may occur. Monthly allocated visits are NOT usable during the freeze term. Members will not have access to Door to Door Chiropractic's facility, benefits or services. The Membership's cycle date may be changed to reflect the re-start date listed above. Any unused visits prior to the start of the freeze will be forfeited and will not roll over once the membership is re-started. The membership fee will automatically be charged with the card on file on the scheduled restart date. Members are allowed to freeze membership subscription for no more than four (4) months total in one year.

If the patient decides that they want to cancel the membership prior to the restart date, a cancellation request form must be filled out and submitted at least one (1) week in advance of the restart date to ensure ample time to update the system. The freeze request may only be started and/or end at the home location.

By signing below, I _____ (Printed Name), acknowledge that the Membership Freeze Terms, Conditions and dates have been explained to me and I understand those Terms, Conditions and dates and that on the restart date indicated above, automatic recurring billing will begin, per my Membership Agreement on the restart date above.

Member Signature: _____