



Wellness Contract for the _____ Family

Understanding of Chiropractic: (please initial each box)

| | |
|--|---|
| | Adjustment: An adjustment is the specific application of forces to facilitate the body's correction of vertebral subluxation. Our chiropractic method of correction is by specific adjustments of the spine. |
| | Health: A state of optimal physical, mental and social well-being, not merely the absence of disease or infirmity. |
| | Vertebral Subluxation: A misalignment of one or more of the 24 vertebra in the spinal column which causes alteration of nerve function and interference to the transmission of mental impulses, resulting in a lessening of the body's innate ability to express its maximum health potential. |

Understanding of the Wellness Contract: (please initial each box)

| | |
|--|---|
| | I understand that this contract enables me/us to be adjusted once weekly at the rates stated below. I also understand that any additional necessary adjustment will be billed at the non-discounted rate. |
| | I understand that initial exam and/or x-ray fees still apply for new patients and are not included in these fee structures. |
| | I understand that re-exam fees are not included in these fee structures. |
| | I understand that these plans <i>do not</i> include Craniosacral treatments or additional therapies beyond spinal adjustments. |
| | I understand that these charges <i>will not</i> be filed to any insurance and are required to be paid by cash, check, credit card, or HSA account directly from myself. |
| | I understand that if my insurance is Blue Cross Blue Shield, Aetna, or Coventry (except Coventry of Kansas), that I am not eligible for this plan until my benefits have been maxed each calendar year. By signing this contract, I guarantee that I do not have current benefits through these companies. <small>(If we are in-network with your insurance provider, then we are required by contract to submit your claims to your insurance company at the insurance rate. Dunn Chiropractic is in-network with Blue Cross Blue Shield, Aetna, Coventry (except Coventry of Kansas), and Medicare. Once your insurance benefits are maxed out, you are eligible for a Wellness Plan.)</small> |
| | I understand that if at any time I/we decide to cancel the wellness contract, the remaining balance will be refunded at a prorated amount. The fee per adjustment will be deducted at the non-discounted price of \$40 per adjustment. |
| | I understand that I/we may not carry over "unused" adjustments to another month. |
| | I confirm that the family members listed below live in the same household and all children are dependents. |

| | Name | Signature | Investment |
|-------------------------------|------|-----------|-----------------|
| 1 st Family Member | | | \$100 per month |
| 2 nd Family Member | | | \$75 per month |
| 3 rd Family Member | | | \$25 per month |
| 4 th Family Member | | | \$25 per month |
| 5 th Family Member | | | \$25 per month |
| 6 th Family Member | | | \$25 per month |
| Totals | | | per month |

Payment is due on the _____ of each month. If the designated day is not a normal business day, payment will be expected on the nearest business day.

We look forward to being your partner in your health journey.

Signed: _____ Date: _____

Witnessed by: _____ Date: _____