Sozo Chiropractic

Heal. Make Well. Restore Health

Congratulations!

If you are looking over this form, that means you have made it through your restoration phase of care, which in turn means you are functioning better!

These wellness care plans are designed to allow you to come into the office on a Bi-weekly basis to maintain your improved function.

Individual	Family of 2	Family of 3	Family of 4	Family of 5
BI-WEEKLY $81/MONTH	BI-WEEKLY $165/MONTH	BI-WEEKLY $243/MONTH	BI-WEEKLY $324/MONTH	BI-WEEKLY $405/MONTH

_____ PLEASE NOTE we will continue to do progress exams every 6-8 months (or at the Doctor's discretion) to ensure that your body is continuing to adapt to stress. These progress exams are included at no charge within your wellness plan as an incentive for your commitment to health.

_____ All wellness plans are based on 2 adjustment/month (24 visits). Your plan begins with your first wellness adjustment and runs monthly from that date forward. Accounts are audited on a quarterly basis. If the number of adjustments exceeds the number of weeks at the time of that audit, you will be charged for the additional adjustments per our Boost pricing below.

_____ We are not permitted to bill your health insurance for wellness care as they do not deem it medically necessary.

_____ In times of acute injury or illness requiring additional adjustments, they are available as "Boost" adjustments at a cost of $34/visit. Boost adjustments will be used at the discretion of our Doctors and payment will be run at the time of service with your card on file unless other arrangements have been made.

_____ 30 days written notice of plan cancellations must be provided to the billing manager. At which time a full review of the account will be completed to rectify any extra visits used over allowed plan.

_____ Plan monthly fee is due via auto-debit (credit card or bank account) within 3 business days of the start of your wellness plan.

_____ Your account will be audited quarterly. Should you have 2 or more unutilized visits that you have paid for, we will pause your account and alert you to utilize those visits before your auto-debit resumes.

_____ Add a one hour massage for $65/month extra

_____ Add 2 one hour massages for $130/month extra

Patients included on plan (please print): _____

Patient signature: _____

Date of monthly auto debit (Office use only): _____ **Date:** _____