

Core Chiropractic Wellness Membership Agreement

Chiropractic helps keep your body functioning through all the stress/strain and wear and tear we experience daily in our lives. Routine adjustments can help.

The CCW Wellness Program is designed to facilitate and maintain proper body and nerve function through chiropractic care by removing interferences called vertebral subluxation (misalignment)

Treatment through the CCW Wellness program is deemed maintenance. We detect and correct vertebral subluxations only. We do not diagnose or treat disease or conditions.

The CCW Wellness program does not include x-rays or other diagnostic procedures.

In addition to the chiropractic adjustment, therapeutic modalities may be purchased for an additional fee.

Severe cases, accidents or injuries are not deemed maintenance and will be evaluated case by case. We reserve the right to refuse the Wellness Program to any patient who does not fall under routine maintenance care. We can still treat you, but additional services may be warranted that do not fall under our wellness program. At this time, you may want to file with your health insurance, auto accident claim or incur additional out of pocket expenses. You can start or return to wellness program once you have reached or returned to maintenance status.

While on the CCW Wellness Program NO insurance will be filed by Core Chiropractic & Wellness, the treating doctor or the patient. You may not bill insurance on your own for services rendered. Insurance does not cover maintenance.

Memberships are sold as individual visits or on a month to month plan. Monthly plans must be canceled 5 days prior to the draft date specified in the contact.

Memberships are non-transferable.

No refunds will be given for unused services unless the membership is terminated by CCW or the treating doctor. CCW or the treating doctor reserves the right to cancel memberships at anytime.

Monthly Memberships will be guaranteed the same price for 12 months from the start of the monthly agreement.

 I have read and understand the above terms. I agree to the policies set forth in the CCW Wellness Program.

At this time, I would like to enroll in the following membership. Initial and date

- Initial Exam and adjustment and single visits. _____
 - Initial Exam and adjustment \$35. Single visit \$25 (adjustment only).
 - Please select if you are a first time patient. Monthly plan can be accepted later.
- Monthly Membership Plan: _____

Payment Type for monthly memberships:

CC # _____ Type: _____ Expiration: _____ CVV: _____

Credit cards will charged monthly on the date specified on the membership. Credit card information will be kept in a locked file.

Date of Monthly Membership Agreement: _____

Patient Signature: _____ Date of Agreement: _____