LIGHTSOURCE
CHIROPRACTIC

Baby and Me Plan

30 visits, to be used before, during and after birth; **6 month plan**
Total value: $2390
30 adjustments x $70= $2100
Home visit / Hospital visit: $200
1 Consult for post birth: $90

Pay Monthly

Save 10% ($239)

Great option for those who can't pay in full but still want to benefit from savings.

Includes 1 home visit or hospital visit & post birth meeting

20% down payment
5 monthly installments
Per visit fee: $63

Down Payment: $430.20
5 Monthly Installments: $344.16

Pay In Full

Save 15% ($358.50)

Most cost effective plan we offer.

Includes 1 home visit or hospital visit

Per visit fee $59.50

Includes 1 home visit or hospital visit & post birth meeting

One Time Payment
$2031.50

Pay Per Visit

No savings

For those that are not ready to invest financially in their chiropractic plan.

Plan can be purchased at any time.

Home / Hospital visit: $200
Re-evaluations billed at $90 each.

$70 per visit

Patients not using their insurance for direct payment will be enrolled in Chirohealth USA, our discount network. Fee for this is $49 per year for the family.

	PLAN	@ due today	Monthly installments
☐	Pay in full		
☐	Pay monthly		
☐	Pay per visit		

Benefits of a plan:

Major financial savings
Discounted new patient exams for immediate family members
Unlimited wellness workshops (some include dinner for you and a guest)
Complimentary progress exams as needed

What is not included in the plan:

Any guarantee of a cure for any illness or disease
Any additional services or products other than a chiropractic spinal adjustment
Diagnosis and treatment of conditions other than a vertebral subluxation

Payment Methods Accepted:

Health Savings, Flexible Spending, Cash, Check, Credit

Financial Agreement:

I have read and understand this agreement. Should I need to discontinue care before the end of the term, all visits will be calculated on a "per visit" basis of $70 per visit. I will either (a) be responsible for any outstanding balance for services already received at $70/visit or (b) receive a refund for services not yet received. Account balances over 30 days will be charged to my credit card unless prior arrangements have been made. If paying in monthly installments, we ask that your credit card be kept on file. No credit is given for vacations, sabbaticals, or other interruptions in office visits. Should any of the conditions of this agreement change, one month written notice is required.

_____ _____ _____

Practice Member Name (Print) **Practice Member Signature** **Date**

Plan begins on: _____ Plan expires on: _____

Type of card_____ Credit Card #_____ Exp_____ CSV_____