



LIGHTSOURCE
CHIROPRACTIC

Child Initial LightSource Plan

2-3 visits a week for 4 weeks
1-2 visits a week for 8 weeks
22 visits / 3 month plan
Visits not used will be credited towards next plan.

Pay Monthly

Save 10% (\$154)

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

3 payments of \$462

Per visit fee: \$63

All re-evaluations included in plan.

Down Payment: \$462
2 Monthly Installments: \$462

Pay In Full

Save 15% (\$231)

Most cost effective plan we offer.

Per visit fee \$59.50

All Re-evaluations included in plan.

One Time Payment
\$1309

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.

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
<input type="checkbox"/>	Pay in full		
<input type="checkbox"/>	Pay monthly		
<input type="checkbox"/>	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

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.

Payment Methods Accepted:

Health Savings, Flexible Spending, Cash, Check, Credit



Practice Member Name (Print)

Practice Member Signature

Date

Family Members on this plan _____

Plan begins on: _____ Plan expires on: _____

Type of card _____ Credit Card # _____ Exp _____ CSV _____