

## Brain-Body Connection Wellness Contract

940.808.0622 508 S. Elm St. #108 Denton, TX 76201

### START YOUR CHIROPRACTIC WELLNESS JOURNEY TODAY!!

\*Maintenance is not covered under insurance

Plans start at...

Plan #1	1x/month *Includes adjustment and any myofascial work and extremity adjustments	\$49/month (Saves you \$61)
Plan #2	2x/month *Includes adjustment and any myofascial work and extremity adjustments	\$89/month (saves you \$131)
Plan #3	4x/month *Includes adjustment and any myofascial work and extremity adjustments	\$149/month (saves you \$291)
Plan #4	30 min massage & 1 adjustment/month *Includes adjustment and any myofascial work and extremity adjustments **CANNOT ADD FAMILY MEMBER DISCOUNT	\$79/month (saves you \$71)
Plan #5	1 hr massage & 1 adjustment/month *Includes adjustment and any myofascial work and extremity adjustments **CANNOT ADD FAMILY MEMBER DISCOUNT	\$95/month (saves you \$80)
Plan #6	1 Decompression & 1 adjustment *Includes adjustment and any myofascial work and extremity adjustments **CANNOT ADD FAMILY MEMBER DISCOUNT	\$89/month (save you \$76)

\*\*Plans do not include acute symptoms (such as new falls, accidents, or injuries)

In the event of a new injury the maintenance plan will be put on hold until patient is back in maintenance status.

\*\*If necessary to cancel membership early there is a \$150 cancellation fee.

- Get the whole family on a maintenance plan by adding a family member for \$40 a month per person for plans #1, #2, and #3!!
- Call or come in today to sign up for your wellness plan!

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First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Sex: Male Female

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_

Family members to add: (\$40 per member per month)

\_\_\_\_\_  
\_\_\_\_\_

## **For office use only**

Membership Plan chosen: #1 #2 #3 #4 #5 #6

Fee per month (w/ added family): \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

I, \_\_\_\_\_ agree to the terms of the fore mentioned Wellness Program with Brain-Body Connection, LLC. I understand that the chosen Wellness Program does not cover new injuries or falls. I agree that if early cancellation is necessary that there will be a \$150 cancellation fee. I agree to have my debit/credit card automatically ran on the 6<sup>th</sup> of every month after the fore mentioned start date.

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date