Brain-Body Connection Wellness Contract

940.808.0622 | 1206 Bent Oaks Ct #200 Denton TX 76210

PLAN #1	1X/MONTH • Includes adjustment and any myofascial release and extremity adjustment	$60 (saves $45)
PLAN #2	2X/MONTH • Includes 2 adjustments and any myofascial release and extremity adjustment	$115 (SAVES $55)
PLAN #3	4X/MONTH • Includes 4 adjustments and any myofascial release and extremity adjustment	$220 (SAVES $80)
PLAN #4	1 DECOMPRESSION 1 ADJUSTMENT • Includes adjustment and any myofascial release and extremity adjustment	$115 (SAVES $55)
PLAN #5	2 ADJUSTMENTS 1 DECOMPRESSION • Includes adjustment and any myofascial release and extremity adjustment	$170 (SAVES $65)

PLANS DO NOT INCLUDE ACUTE SYMPTOMS (NEW FALLS, ACCIDENTS, OR INJURIES**
MAINTENANCE NOT COVERED UNDER INSURANCE INCLUDING MEDICARE

IN THE EVENT OF A NEW INJUTY THE MAINTENANCE PLAN WILL BE PUT ON HOLD UNTIL THE PATIENT IS BACK IN MAINTENANCE STATUS.

** IF NECESSARY TO CANCEL MEMBERSHIP EASRLY THERE IS A $150 CANCELLATION FEE.

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Patient Name: ___________________________ DOB:____________

Address:____

City:_________ State:_________ Zip:________ Sex: Male | Female

Cell Phone:______________ Email:____________________________

FOR OFFICE USE ONLY

Membership plan: #1 #2 #3 #4 #5

Fee Per Month:______________

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 to have my debit/credit card automatically on the ____ of every month after the fore mentioned start date.

Signature of patient____________________ Date:___________