**Plan - Foundation**

Dear Eden Gopal,

Thank you for trusting us with your wellness journey. This agreement outlines the services and resources that **may be available to you** based on your individualized treatment plan. Your specific plan will be finalized after your initial evaluation, testing, and consultation with our practitioners.

**AVAILABLE PROGRAM COMPONENTS**Your customized program will be developed from the components below. **Note: Not all components listed will be included in your plan.** Your practitioner will determine which specific components are appropriate for your needs after your evaluation is complete.

|  |  |  |
| --- | --- | --- |
| **Program Component** | **Description** | **Maximum Value** |
| Case Evaluation | Case Management, Office Visits (In-person or Virtual), Lab Review, etc. | $2,625.00 |
| Education Tuition | Online curriculum and Live Virtual Weekly Classes and Coaching | $4,355.00 |
| Supplement Bank | Youngevity, OrthoMolecular, Tennant, and Custom Herbs, Taxes | $1,772.72 |
| Service Bank | RASHA, Acupuncture, Functional Medicine, Tuning forks, Energy Therapy, etc. | $580.00 |
| Diagnostic Testing | Scans and Blood Analysis | $1,294.15 |
| Home Therapy | Genius, Lifewave and Sota Devices, Group RASHA, etc. | $1,800.00 |
| Discounts | <Discount Description> | <Discounts Cost> |
|  | **Maximum Program Value:** | $11,892.29\* |

**YOUR PERSONALIZED TREATMENT PLAN**

After your evaluation is complete, you will receive a detailed treatment plan that specifies:

1. Exactly which services you will receive
2. The schedule for these services
3. Any supplements or home therapies included

This detailed plan will be provided as an addendum to this agreement within 30 days of your Start Date.

**PAYMENT OPTIONS**

|  |  |
| --- | --- |
| **🗆** | **Option #1: SINGLE PAYMENT -** Pay for your program in full and receive a 5% discount. Your cost would be $14,925.40. (*Discount not available for programs financed through PatientFi, Cherry and Care Credit*) |
| **🗆** | **Option #2: THREE EQUAL PAYMENTS** - Split your investment into 3 equal payments.  1st Payment of $5,236.98 is due at signing  2nd Payment of $5,236.98 is due on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3rd Payment of $5,236.98 is due on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **🗆** | **Option #3: FINANCING** - I want to finance $16,653.61 over 5 months.  Down Payment of $5,495.69 due: At signing  1st Payment of $2,231.58 is due on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2nd Payment of $2,231.58 is due on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3rd Payment of $2,231.58 is due on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  4th Payment of $2,231.58 is due on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  5th Payment of $2,231.58 is due on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **🗆** | **Option #4: FINANCING -** Cherry, PatientFi, CareCredit |

**PAYMENT AUTHORIZATION -** I authorize You Only Younger to process payments according to the schedule in my selected payment option above using my:

|  |  |  |
| --- | --- | --- |
| **🗆** Credit/Debit Card | **🗆** Bank Draft | **🗆** Check |

For recurring payments, I understand my account will be automatically charged on the scheduled dates without additional notification.

**ACKNOWLEDGMENT -** By signing below, I acknowledge and agree that:

1. I understand this is an outline of what my plan MAY include. The final details of my plan will be determined after evaluation, or scans, or lab work are complete.
2. I have selected payment option \_\_\_\_\_ and agree to the payment schedule outlined for that option.
3. I understand that the total program fee covers any adjustments made to my final plan, including sales tax.
4. I have received a copy of this agreement for my records.
5. I understand there are no refunds on any used or unused services or products in the program.
6. I have had an opportunity to ask questions about this agreement, and they have been answered to my satisfaction.

|  |  |
| --- | --- |
| Member Signature: | Date: |
| Provider Signature: | Date: |

*You will receive a copy of this signed agreement and your detailed treatment plan for your records.*