**Your Path to Lasting Health & Healing**

Dear <MEMBER\_NAME>,

**1. Program Overview**

At You Only Younger, we go beyond quick fixes to address root causes of imbalance. Our Integrative Health Program combines education, tools, community, and data-driven care to help you transform your health and life. What you get and why it matters:

|  |  |
| --- | --- |
| **Backpack with solid fill** | Education & Mentorship – Personalized guidance to help you understand your body and make informed choices. |
| **Work from home Wi-Fi with solid fill** | Supplements & Home Therapies – Science-backed, high-quality products selected for your needs. |
| **Group of men with solid fill** | Community Support – Accountability and encouragement from peers on the same journey |
| **Test tubes with solid fill** | Assessment & Testing – Personalized lab work and data-driven recommendations |

**2. Personalized Plan**

Within 30–40 days of your program start date; you will receive an Addendum detailing your specific treatment plan. This Addendum will not change the total program fee listed in this Agreement.

**Plan Investment**: <FINAL\_TOTAL\_PRICE>

**3. Payment Options**

☐ Single Payment – Pay in full and receive a 5% discount. Total: <DISCOUNTED\_PROGRAM\_PRICE\_5> (Discount not available for programs financed through our partners).

☐ Three Equal Payments – 1st: <THREE\_EQUAL\_PAYMENTS> due at signing; 2nd and 3rd payments of the same amount due on agreed dates.

☐ Financing – Finance <FINANCE\_FULL\_AMOUNT> over 5 months. Down payment: <FINANCE\_DOWN\_PAYMENT>; monthly payments: <FINANCE\_MONTHLY\_PAYMENT>.

☐ 0% Partner Financing – Apply through our financing partners.

**4. Payment Authorization**

I authorize You Only Younger to process payments according to the schedule selected above using my chosen payment method. Recurring payments will be processed automatically without additional notice.

**5. Refunds & Cancellations**

All program fees are non-refundable once payment is made, regardless of service use or completion. Clients may cancel within 3 business days of signing if no services have begun. No refunds will be issued after that period.

**6. Late Payments**

Failed or late payments may incur a $25 fee. Access to services may be suspended until the account is current.

**7. Acknowledgment**

I have read, understand, and agree to all terms of this Agreement. I have received a copy for my records.

Member Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Member Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Provider Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provider Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_