**<Plan Name>**

Dear <Member Name>,

Thank you for trusting us with your wellness and considering us as your partner in your health and healing journey. As we discussed during our appointment, this plan is specifically designed for you and to help you achieve your goal of “<Member Goal>”. Our approach is proven and has been followed by many people just like you to reach their wellness goals. Your plan may include the following components:

|  |  |  |
| --- | --- | --- |
| **Case Evaluation** | <Evaluation Description> | <Evaluation Cost> |
| **Education Tuition** | <Education Description> | <Education Cost> |
| **Supplement Bank** | <Supplement Description> | <Supplement Cost> |
| **Service Bank** | <Service Description> | <Service Cost> |
| **Diagnostic Testing** | <Diagnostic Description> | <Diagnostic Cost> |
| **Home Therapy** | <Home Therapy Description> | <Home Therapy Cost> |
|  | **Total Value:** | <Total Value>\* |

The following are your options for payment:

|  |  |  |
| --- | --- | --- |
| 🗆 | Option #1: | Pay for your program in full and receive a <Savings> discount. Your cost would be <Discount Amount>. (Excludes programs financed through Cherry and Care Credit) |
| 🗆 | Option #2: | Split your investment into 3 equal payments of <Three Equal Payment>.  #1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ #2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ #3\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 🗆 | Option #3: | I want to finance <Finance Option>.  Down Payment: <Down Payment>. Monthly Payments for 5 months: <Monthly Payment>. |

I understand and agree that, by completing and signing this enrollment form I will have my credit card(s) charged or check cashed or automatic bank draft for the above selected program.

\*I understand that this is an outline of what my plan will include. The final details of my plan will be determined after we complete the evaluation, scans, and lab work. The price covers any adjustments made to my final plan. This includes sales tax.

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| Member Signature: | Date: |