



10 Pre-Paid Chiropractic Adjustments (1-2 Regions)

Description: Purchase ten (10) chiropractic adjustments in advance for a discounted rate. These adjustments must be used within the time prescribed by Dr. Kirstin Ebaugh.

Investment: \$40 per visit (regularly \$50)

Savings: \$10 per visit (A total savings of \$100)

Total: _____ **\$400** for ten chiropractic adjustments, due at the signing of this agreement.

I, _____, agree to the following:

Refunds: This agreement is non-cancellable, non-refundable and non-transferable.

Services: Client will receive ten (10) chiropractic adjustments at A Healing Space, Inc (AHS). We cannot guarantee that you will respond to treatment. No doctor can guarantee a cure for any disease or condition.

Acknowledgement of discount fees: Client acknowledges that these fees are discounted and not AHS's usual & customary fees. As such, client understands that no third party insurance is being billed by AHS. If client wishes to submit receipts directly to an insurance carrier, said receipts will reflect discounted fees only.

Program extension due to temporary disruptions in care: In the event that insurance benefits become available because of a workers' compensation or personal injury claim or for any other reason, client understands that we will suspend this agreement while treating client for any accident related injuries. Care provided during said extension will be at AHS's usual & customary fees.

Appointment cancellation policy: There is no charge if you cancel an appointment anytime before 5PM on the business day preceding your appointment. Same day cancellations will incur a \$35 fee. A missed appointment will be counted as one of your 10 visits.

I acknowledge receiving and reading a completed copy of this agreement before signing.

Patient Signature _____ Date _____