



Absolute Health Clinic

Elective Wellness Care Plan Contract

This Elective Wellness Care Plan (EWC) agreement is entered into as of _____(date), between Absolute Health Clinic, SC and _____ (full name).

This agreement is being entered into for the purpose of _____ (name), to purchase and receive (choose one)

____ Up to 4 Elective care adjustments per month.

____ Up to 4 Elective care adjustments per month and ONE 30 minute massage per month.

____ Up to 4 Elective care adjustments per month and TWO 30 minute or ONE 60 minute massage per month.

____ Up to 4 Elective care adjustments per month and FOUR 30 minute massage OR TWO 60 minute massages per month.

***Any additional adjustment or massage is an additional \$35 each.

*** This selection cannot be combined with any other discounts, coupons, or specials.

If you miss a service for the month (without previously discussing with the office) your card will be charged and it cannot be made up later.

There is a 24 hour cancellation policy for any massages scheduled. If you cannot give a 24 hour notice or fail to give any notice there will be a charge of \$50 that will need to be paid before any more services can be received. If the fee isn't paid before any of your next scheduled services those services will be for-fitted and charged to your card / account in addition to the cancellation fee.

If you are running late, your massage time may be shortened by the time you are late.

If you are planning on going out of town or need to take a break from the Elective Wellness Care Program, you can put your account on hold anywhere from one (1) month to six (6) months. Either all at once, month by month or however you desire. If you choose to place your EWC on hold we will need a written notice two (2) weeks in advance for the hold to take effect.

Sorry, but we cannot split the Wellness package with your spouse / child / family member (such as mother, sister, brother). But generous discounted packages are available for the members of your immediate household. (\$5 off for the first member, \$10 off for the second, \$20 off for the 3rd or more members of your immediate household).

If you would like to cancel your EWC there will be a fee of 50% of whatever has not been used, unless, you permanently move farther than a 15 mile radius of the original home address, or have a signed medical release. All Wellness package cancellations require 30 days written notice and are effective 30 days after the date received. Payments due prior to the effective date of cancellation will be charged as scheduled. Upon termination or cancellation of EWC, all unredeemed services will expire.

Another EWC cannot be entered until the fulfillment of the previous one unless approved by our office manager.

At any time AHC has the right to cancel your membership for any reason. If the office should cancel your contract, you will not be reimbursed for any received services but will not be held accountable for the rest of the contract.

By signing below, I authorize Absolute Health Clinic to charge to the account I have specified. Monthly dues and / or renewal fees will be withdrawn on or after the same day of each month. I understand that Absolute Health Clinic may continue to charge my account or cancel my Wellness Care membership in accordance with the terms and conditions of this agreement. Additionally, I authorize Absolute Health Clinic to charge my credit card on file in lieu of presenting it for any services received, at my request. Your signature below indicates your agreement to be bound by the terms and conditions, rules and regulations of this agreement. All persons signing this agreement are equally responsible for paying it in full.

You have elected to pay your ELECTIVE Wellness Care:

___ on a monthly basis at the rate of \$___ per month for ___ months.

___ paid in full total \$_____ (savings of 10%) for 6 months.

___ paid in full total \$_____ (savings of 15%) for 12 months.

Your membership term begins on _____ (date) and expires on _____ (date). Upon completion of the initial period, your EWC will continue on a month to month basis at the rate of \$___ per month, unless cancelled.

Your dues will be due on the _____ day of the month and then due on or after the same day of each month hereafter until your EWC is terminated in accordance with this agreement.

YOU ACKNOWLEDGE RECEIVING AND READING A COMPLETED COPY OF THIS AGREEMENT BEFORE SIGNING. YOU UNDERSTAND THAT OUR RULES, REGULATIONS AND TERMS OF YOUR EWC ARE INCORPORATED INTO THIS AGREEMENT.

Name (print) _____

Signature _____

Address _____ City _____

Zip code _____

CC Type _____ CC Number _____

CC Exp Date _____ CC CVC code _____

Additional Persons (if minor please fill our parental consent form with front desk)

Name _____ (\$5 off) Signature _____

Name _____ (\$10 off) Signature _____

Name _____ (\$20 off) Signature _____

Name _____ (\$20 off) Signature _____

Name _____ (\$20 off) Signature _____