

Ross Chiropractic
Private Health Plan (PHP)
Patient Agreement

Many of our patients do not have health insurance that covers chiropractic maintenance or elect not to use the plan they have. Dr. Ross has designed the Private Health Plan (PHP) to assist patients with getting covered for their chiropractic healthcare needs.

For a \$500.00 per year fee, Dr. Ross is offering you access to full chiropractic care; inclusive of examinations, treatment and all necessary therapies up to 15 times per year. This plan does not cover massage, x-rays, supports, supplements or supplies.

We feel this program offers a unique opportunity for people in need of these services, an affordable means to acquire the chiropractic healthcare they need and desire.

:

1. **Full payment at the time the agreement is executed.** We have offered extra benefits for those choosing to pay the entire amount up front.
 - A. We will provide a 10% discount on the \$500.00 yearly cost. Total cost \$450.00
 - B. We will include one free treatment, to be used at the patient's discretion, Within the allotted time frame (12 months) of this agreement

Payment through this method will grant the patient access to 15 chiropractic care visits within the 12 months.

2. **Payment installments** requires a down payment of \$75.00, to be paid the date the agreement is signed and 12 payments of \$35.41 until the remaining \$425.00 balance is paid in full. You may use the visits as you see fit, but a payment is due for each visit.

Guidelines and regulations for the PHP program

1. Payment is not contingent on your treatment schedule, whether, you as a patient choose to maximize the services offered or not.
2. This plan is for chiropractic services only. If you choose to obtain items mentioned above, not included in this plan and you are a member, you can obtain these goods/services at a discounted rate of 10% of the reasonable and customary fee schedule.
3. If you are on the plan and payment is not made or rejected, by the bank of financial institution, there will be a \$20.00 NSF fee.
4. You have 12 months to use the 15 visits outlined in the program. Unless there are circumstances beyond your control, you will not be granted an extension beyond the 12 months

Patient Signature: _____ Date: _____