



## CHIROPRACTIC WELLNESS PLAN PARTICIPATION AGREEMENT

Congratulations! You have enrolled in our Chiropractic Wellness Plan (CWP). This plan offers benefits that are exclusive to patients who have decided to put their health first and participate in this affordable medical program. The terms and conditions of your membership are as follows:

1. The effective date of your enrollment is the date that this Agreement was signed and payment received. The membership shall continue for one year from the effective date.
2. The Annual Fee for participation in the CWP is \$35. Immediate family members can be added to the plan at no additional charge.
3. A full refund is available for memberships that have not been used. Used memberships are non-transferrable and non-refundable.
4. The CWP is NOT INSURANCE and does not make payments directly to providers, but rather offers negotiated discounts at JayMac Chiropractic facilities only.
5. Discounts are only applicable when payment is made at the time services are rendered or as agreed upon by management.

Service	Adults (26+)	College Age (19-25)	Teenage (12-18)	Children (0-11)
Chiropractic Manipulation (Spinal and Extremity)	\$37.50	\$25.00	\$15.00	\$10.00
Intersegmental Traction w/ Interferential Electrotherapy	\$5.00	\$5.00	\$5.00	\$5.00
Graston Technique, PIR, Rehab Exercises, etc	\$10.00	\$10.00	\$10.00	\$10.00
Exams (included w/ CWP)	n/c	n/c	n/c	n/c
Chiropractic Wellness Plan Annual Fee, once annually	\$35			

6. Discounts are not applicable in conjunction with any third-party payment entity, or any federal or state health insurance programs including Workers' Compensation, Medicaid, and Medicare unless those services are not covered by that entity.
7. Snow Bird Pause: Eligible seasonal patients (snow birds) can temporarily pause their plan while away. The plan will resume when returning to Arizona.
  - a. Please indicate the months that you are not in Arizona: \_\_\_\_\_

By signing below, you agree with the Chiropractic Wellness Plan Participation Agreement and the listed Benefit Descriptions. You also understand this entire agreement is between you and JayMac Chiropractic and that this Participation Agreement supersedes all other prior representations, statements, or written agreements.

Patient Name: \_\_\_\_\_ Membership Number: **JM-**\_\_\_\_\_

Address: \_\_\_\_\_ Plan Administrator: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date (Plan Effective Date): \_\_\_\_\_