



Anthony Gaul D.C. & Callie Stilwell-Gaul D.C.  
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## Family Wellness Plan

Family Members: \_\_\_\_\_

Adjustments	Auto Debit Wellness	Time of Service
1 per month	\$30	\$50
2 per month	\$60	\$100
4 per month	\$120	\$200
Massage		
1 Hour	\$45	\$60
2 hours	\$80	\$120
Raindrop	\$65	\$90
Adjustment and Massage		
1 adj 1 hr massage	\$75	\$110

All family wellness plans based on Monthly auto debit or prepay only. Plans may be purchased 1 year or unlimited packages. All memberships are non-transferable. All services must be used within 60 days. NO REFUNDS. Appointments subject to availability of the providers. Plans may change from time to time at the discretion of Gaul Family Chiropractic. By my signature here on I agree to the terms set forth for Family Wellness Plans at Gaul Family Chiropractic.

I (we) the undersigned hereby authorize Gaul Family Chiropractic to initiate debit entries to the credit card and/or checking or savings account provided at the financial institution or Credit Card Company listed. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I further understand that this authorization will remain in full force and effect until I give my doctor written notice 15 days before the next debit date. I understand there are no refunds at any time and any termination of any debits is by certified mail only. I waive my right to receive advance notice of the deduction associated with the payment by Gaul Family Chiropractic and authorize a \$59 service charge for any returned or unpaid debits or payments from my bank or credit card. With my signature, I warrant that I am an authorized signer and have authority to enter this agreement.

#of Months: 12    Unlimited

Debit Date: 5<sup>th</sup>    25<sup>th</sup>

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_