



Unlimited Wellness Plan Consent Form

HPS's Unlimited Wellness Plan is a recurrently-billed membership program that consists of two (2) parts:

1. Monthly premium payments
2. Discounted service fees billed at the time services are rendered

Patients who elect to take part in HPS's unlimited program can do so in two (2) ways:

1. Annual membership contract with a premium of \$100/month
2. Monthly membership without a contract with a premium of \$200/month

ALL premiums are automatically recurrently billed on the first day of each month at the rate checked below to a credit card kept on file. Monthly members may elect to pay premiums using cash or check. Premiums are not refundable and cannot be prorated. Memberships started after the first calendar day of each month will pay a full premium for duration of the calendar month.

After premiums are paid, unlimited members will pay \$10/15 minutes of service at the time services are rendered. Members must show their membership cards at the time services are rendered.

Monthly memberships can be converted to annual memberships at any time, but premium changes will not be prorated and new premium rates will begin on the first day of the following month.

All credit card transactions, whether used for premiums, service fees, or product purchases carry a 3.5% processing fee. No processing fees are charged for payments made in cash or checks.

All appointments canceled with fewer than 24 hours' notice and no-shows will incur a 100% cancellation fee.

In order to cancel membership, members must contact HPS by phone at (512) 599-9313 or by e-mail at jmansonlac@gmail.com to inform HPS staff of their cancellation.

For Annual Memberships:

Annual members are required to provide a credit card for recurrent billing unless they elect to pay all 12 months of premiums (\$1200) in full at the time this membership form is signed. A credit card must be kept of file for annual members in case of early termination or appointment cancellations, but it will not be billed monthly if premiums are paid in full. Early termination of annual contracts not previously paid in full imparts a \$350 early termination fee.

By checking this box, I _____ (patient's name), am indicating the type of membership I want:

- ☐ Annual membership at \$100/month (\$103.50 total/month with processing fee)
- ☐ Monthly membership at \$200/month (\$207.00 total/month with processing fee)

By signing this document, I agree that I have read, understand, and consent to the terms and conditions of HPS's Unlimited Wellness Plan membership program.

Member name (print)

Date

Signature of member (or representative)

Relationship of representative to member