

**AFFORDABLE HEALTHCARE
FOR THE ENTIRE FAMILY**

The Doctors and Staff at Advanced Chiropractic Back & Neck Clinic pride themselves on bringing the best healthcare services possible to each and every patient. Part of bringing excellent care and service to our patients is making it as affordable as possible to as many as possible. You see, we believe that one of the worst reasons for a patient not getting the treatment they need is because they lack insurance coverage or the finances required to pay for treatment.



**We'll help you get back
on your feet fast!**

The Corrective & Maintenance Plan (CMP) at Advanced Chiropractic Back & Neck Pain Center makes treatment affordable for everyone, and will help you get back on your feet fast! It is important to note that this is not an insurance policy and it cannot be used as a replacement for an insurance claim. It is simply a discount that we can give patients that are partially pre-paying and committing to use our office for a period of time. This saves us a tremendous amount of time, expense and paper work.

*Start Feeling
Better Today!*

CMP BENEFITS

After you have enrolled in the Corrective & Maintenance Plan as an individual or household, you will be eligible for up to 100 visits in a 12 month period per plan member; plan expires once either limit is met. With each visit to Advanced Chiropractic there is a per visit fee payable at the time of service. The per visit fees are as follows:

- Adjustment \$25
- Exams \$35
- X-rays per view \$15
- Acupuncture \$25
- Each additional therapy \$5
- Ion Cleanse \$15
- Hydrotherapy Table—5 min. FREE
- Nutritional Supplements & Durable Medical Supplies 10% Discount

The Corrective & Maintenance Plan applies to chiropractic services only and is not to be construed as an insurance policy. There will be a \$20 service charge per statement for a non-zero balance on any CMP account. Plans are not transferable.

This plan does not cover acute care services covered under your health insurance, work injuries or auto accidents.

**CMP
ENROLLMENT FORM**

Sign up for:	Number	Price
<input type="checkbox"/> INDIVIDUAL	1	\$425.00
<input type="checkbox"/> 2nd FAMILY MEMBER	1	\$200.00
<input type="checkbox"/> 3rd FAMILY MEMBER	1	\$75.00
<input type="checkbox"/> EACH ADDITIONAL FAMILY MEMBER	1	\$75.00

The above prices include the Minnesota Healthcare Tax.

Effective date: _____

Name(s) _____

Name(s) _____

Address _____

Phone _____

Method of Payment

- Cash in full
- Check in full
- 4 post-dated checks of equal amounts
(Individual: \$106.25 x 4, Family: \$_____ x 4)
- Credit card
(Signature below authorizes any balance due for each plan member to be charged monthly to this credit card for the duration of this plan)

Credit Card # _____ Exp. date _____

Signature _____

I understand that this is not an insurance policy: _____

I agree to pay all visit fees at the time of service: _____

**ADVANCED CHIROPRACTIC
BACK & NECK PAIN CENTER**
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