

**ENROLLMENT FORM FOR F.A.M.I.L.Y PLAN, INC. PROGRAM**

Patient Information

Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_  
Cell (\_\_\_\_) \_\_\_\_\_

**FOR FAMILY MEMBERSHIP**

Spouse's Name: \_\_\_\_\_  
Children's Names: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E-Mail Address: \_\_\_\_\_

FOR CORPORATE MEMBERSHIP: (Please list employee's names on separate sheet.)

**MEMBERSHIP ENROLLMENT FEE DUE AT TIME OF ENROLLMENT**

Annual membership is effective immediately and last until that date next year.  
Circle the one which applies:

Individual \$35.00

Family \$50.00

Corporate (1-10 Employees) \$100.00

Corporate (11-50 Employees) \$200.00

Corporate (More than 50 Employees) \$300.00

**METHOD OF PAYMENT**

Cash \_\_\_\_\_

Make checks out to **The Family Plan**

Check # \_\_\_\_\_ amount \_\_\_\_\_

## TERMS OF F.A.M.I.L.Y. PLAN, INC. MEMBERSHIP

1. Benefits begin when fees are paid.
2. Family membership is defined as your spouse or children under the age of 21 living at home.
3. Your membership serves as an agreement in which the F.A.M.I.L.Y. PLAN, INC. program provides Chiropractors who have agreed to offer discounted services and supplies. **F.A.M.I.L.Y. PLAN, INC. DOES NOT GET REIMBURSED BY YOUR INSURANCE COMPANY. UNDER THE F.A.M.I.L.Y. PLAN, INC. WE DO NOT FILE YOUR INSURANCE; ALSO FEES PAID CANNOT BE USED AS PAYMENT TOWARD YOUR DEDUCTIBLE AND/OR COPAYMENTS.**
4. This agreement is void in combination with personal injury claims, Workers Compensation claims, or outside agreements between you and your doctor. If you choose to suspend your membership due to a change in status (third party payer or any of the above claims, etc...) re-activation will be allowed should you again qualify. Time unused will not be pro-rated.
5. F.A.M.I.L.Y. PLAN, INC. may be used in conjunction with third party health insurance.
6. **ALL FEES PAID TO F.A.M.I.L.Y. PLAN, INC. ARE STRICTLY NON-REFUNDABLE.**
7. Payment for services is due to your doctor at the time services are rendered. Your Chiropractor has the option of billing for visits and is entitled to assess a handling fee for F.A.M.I.L.Y. PLAN, INC provider discounts.
8. You must present your I.D., or otherwise verify membership, in order to be eligible for F.A.M.I.L.Y. PLAN, INC. provider discounts.
9. Failure to abide by the terms of this agreement may result in loss of membership.
10. The F.A.M.I.L.Y. PLAN, INC. is a non-profit charitable corporation and profits of said corporations are used for charitable purposes under the Internal Revenue Service Code and in accordance with the Law of the State of Georgia, applicable to charitable corporations. (Non-profit status applied for)
11. As a benefit to our F.A.M.I.L.Y. PLAN patients we offer a free birthday adjustment. This offer is only valid for 30 days after your birthday.

BY SIGNING I AM STATING THAT I HAVE READ AND AGREE TO THE TERMS OF AGREEMENT IN THE F.A.M.I.L.Y. PLAN, INC. PROGRAM.

Patient Signature: \_\_\_\_\_