Optimal Spine and Pain Relief

Prepaid Care Plan Terms & Conditions

By purchasing a Prepaid Care Plan, you acknowledge that you have read, understand, and agree to the following Terms and Conditions.

1. Purpose of the Care Plan

The Prepaid Care Plan allows patients to purchase chiropractic visits in advance at a discounted package rate, providing a convenient, flexible, and affordable way to receive ongoing chiropractic care. Eligible immediate family members may also use visits under the plan when authorized by the purchaser in accordance with the Care Plan Terms and Conditions.

2. Authorized Users

The purchaser must designate, in writing, all individuals who are authorized to use visits under the Prepaid Care Plan.

Only individuals listed on the Authorized User Form may use visits from the care plan.

Visits may not be transferred to anyone who has not been authorized in writing and approved by Optimal Spine and Pain Relief.

3. Changes to Authorized Users

The purchaser may request changes to the list of authorized users at any time by submitting a signed written request.

If an authorized individual is no longer permitted to use the plan, the purchaser must notify Optimal Spine and Pain Relief in writing before additional visits may be reassigned.

Changes become effective only after written confirmation has been received by the office.

4. Expiration

Unused prepaid visits do not expire.

Patients may use remaining visits at any time while the practice remains open and continues to offer prepaid care plans.

5. Scheduling

Visits are subject to appointment availability.

Same-day appointments may be available but are not guaranteed.

Walk-ins are welcome; however, scheduled appointments are recommended.

6. Payment

Payment for prepaid care plans is due in full at the time of purchase unless otherwise agreed upon by the office.

Accepted forms of payment include cash, major credit cards, HSA/FSA cards, and other approved payment methods.

7. Refund Policy

Prepaid Care Plans are offered at a discounted package rate based on the purchase of the entire package. The discounted pricing is available because the purchaser has committed to purchasing the complete package of visits.

If the purchaser requests a refund before all prepaid visits have been used, the discount associated with the package will no longer apply. Any visits that have already been redeemed will be recalculated at the regular prepaid cash visit rate of **$55.00 per visit**.

The refund amount will be calculated using the following formula:

Original Purchase Price − (Number of Visits Used × $55.00) = Refund Amount

Example

- Original Purchase Price: **$800.00**
- Visits Used: **8**
- Value of Visits Used: **8 × $55.00 = $440.00**
- Refund Due: **$800.00 − $440.00 = $360.00**

Refunds will be issued only to the original purchaser. Whenever possible, refunds will be processed using the original form of payment.

No refunds will be issued for services that have already been provided.

The number of visits used will be verified using the patient's treatment record maintained by Optimal Spine and Pain Relief, which shall be considered the official record for all refund calculations.

By purchasing a Prepaid Care Plan, the purchaser acknowledges and agrees that the discounted package pricing is contingent upon purchasing the entire package. If the package is canceled before all visits have been used, any refund will be calculated by repricing all visits already used at the regular prepaid cash visit rate of **$55.00 per visit**.

Refund requests must be submitted in writing by the original purchaser.

8. Non-Transferable Ownership

Ownership of the Prepaid Care Plan remains with the original purchaser.

Only authorized users listed in writing may use visits under the plan.

The plan may not be sold, assigned, or transferred to another individual without written approval from Optimal Spine and Pain Relief.

9. Medical Necessity

Prepaid visits do not guarantee that treatment will be recommended at every visit.

All chiropractic services are provided based on the doctor's clinical judgment and the patient's condition at the time of service.

10. Fees for Additional Services

Some services may require additional fees if they are not included in the prepaid package.

Patients will be informed of any additional charges before services are provided.

11. Changes to Terms

Optimal Spine and Pain Relief reserves the right to modify these Terms and Conditions for future purchases. Changes will not affect prepaid plans already purchased unless required by law or agreed to by both parties.

Patient Acknowledgment

I acknowledge that I have read and understand the Terms and Conditions of the Prepaid Care Plan and agree to abide by them.

Patient Name: _____

Signature: _____

Date: _____