

LEGAL CONTRACT

SPINAL DECOMPRESSION THERAPY

SCHIERLING CHIROPRACTIC, LLC

I, (name) _____, do understand that I am entering into a legally binding contract pertaining to the Decompression Therapy Protocol that Dr. Schierling of Schierling Chiropractic, LLC has outlined for me on (date) _____. I also understand that the cost of the protocol is \$2,640 or \$2,400 depending on whether or not the service is financed by Chase Health Advance, or paid for outright.

The cost of the individual services that make up the series of twenty treatment sessions referred to as our ***Spinal Decompression Therapy Protocol*** includes:

SPINAL DECOMPRESSION	\$100.00 / treatment
SPINAL ADJUSTMENT	\$ 34.00 / treatment
COLD LASER THERAPY	\$ 30.00 / treatment
WHOLE BODY VIBRATION THERAPY	\$ 30.00 / treatment
OXYGEN THERAPY	\$ 40.00 / treatment
TISSUE REMODELING	\$ 40.00 / treatment (if needed)***

TOTAL FOR ONE INDIVIDUAL SESSION IS \$234.00 / treatment

(***The cost of any IASTM Tissue Remodeling is \$40.00 per treatment, if needed.)

The cost of the one-time services that are part of our Spinal Decompression Therapy Protocol includes:

Initial Neurological / Orthopedic Examination	\$150.00 (the second exam is \$100)
Nutritional Supplements	\$ 50.00
Nutritional / Lifestyle Counseling	\$100.00
Disc / Spine Rehab Protocol	\$100.00

TOTAL FOR THE ONE-TIME SERVICES IS \$400.00

The cost of twenty treatment sessions is \$4,680 (before adding any Tissue Remodeling Treatment). The cost of the one-time services is \$400. This brings the total cost of Dr. Schierling's Decompression Therapy Protocol to \$5,080 (without any Tissue Remodeling included). For those who make a one time payment of \$2,400 (\$2,640 if financing with Chase Health Advance), you may purchase one Spinal Decompression Therapy Protocol that consists of a series of twenty sessions of treatment.

I understand that I can discontinue treatment at any time. However, I also understand that at any time I decide to discontinue Dr. Schierling's Spinal Decompression Therapy Protocol, payment for said protocol reverts back to individual service costs, per each session ---- from the beginning of the protocol. This means that if I choose to quit the protocol after one visit, I will be refunded \$2,400 minus the one-time services (\$400.00), minus the per-session cost of the protocol (\$234.00), minus any Tissue Remodeling that was done, minus any financing fees (potentially \$240.00). This means that at a point that is a bit less than half the recommended treatment (8 of 20 sessions), you will have used up all your per-session credit.

However, if we get halfway through the protocol (10 sessions) and it is determined that you have not improved at all, I will, if you wish to quit, refund 1/3 of the amount of the protocol, minus any fees due to financing with Chase Health Advance (potentially \$240).

Furthermore, I understand that if I use Chase Health Advance's 18 months same-as-cash (no interest) financing arrangement, any missed or late payments to Chase will result in them reinstating the entire amount of finance charges that accrue from the date I sign this contract. I also understand that Dr. Schierling has nothing to do with this, or any of Chase Health Advance's other financial rules and regulations.

I (print name) _____ understand and agree to these financial arrangements and wish to pay for one series of twenty Spinal Decompression Therapy Treatments at a cost of \$2,640 or \$2,400, depending on whether I finance my care with Chase or not. I also understand that Dr. Schierling's Spinal Decompression Therapy Protocol is no guarantee of a cure for my specific disc problem. Because spinal disc injuries / problems can be both unpredictable and unstable, I realize that there is a distinct possibility that I could get worse while on this protocol. I also realize that I might end up having spinal surgery despite the efforts of Dr. Schierling and this disc protocol.

I have read and understand this contract. My signature below signifies my acceptance of this contract, as well as its contents and stipulations, as legally binding.

SIGN NAME

DATE