



DR. PHILIP ARAGÓN

BACK IN LINE CHIROPRACTIC

PATIENT COMMITMENT FORM

Commitment To Care Plan

I _____ by signing this contract will be making the commitment to care for the time of _____ as recommended by Dr. Philip Aragón. As a benefit to my commitment to my health and understanding of the benefits that chiropractic has to offer me I will be receiving chiropractic care during this time at a reduced rate of \$30 per office visit (not including exam and X-rays). An additional benefit that I will be eligible to receive is an added reduction in fees by pre-paying for care. By pre-paying for 10 visits (\$300) in advance I will receive 2 complementary adjustments. That is 12 adjustments for the price of 10 and a savings of \$80. In order to receive the 2 complementary adjustment I will have to have used the 10 initial adjustments. Visits that are not used are non-refundable and will be credited to your account. By signing my name below I understand that if care is not followed as described above Dr. Philip Aragón has the right to dismiss me from care and I will be charged the standard fee of \$40 per adjustment.

Patient's Signature

Date

Dr.'s Signature

Date