

# TRUE HEALTH WEIGHT LOSS PROGRAM CONTRACT

Standard Contract

**\$175 for Individuals or \$300 for Couples.**

**Weekly Cost: \$50 per Individual Participant or 75 weekly for Couples for 16 weeks**

This agreement is made this \_\_\_\_\_ day of \_\_\_\_\_, 2022 by and between the TRUE HEALTH WEIGHT LOSS PROGRAM of WESTSIDE FAMILY ACUPUNCTURE, INC, located at 5115 Coors Blvd, Suite E, Albuquerque, NM 87120 ("Program") and \_\_\_\_\_ ("Patient").

## MEMBERSHIP

Patient hereby agrees to enroll as a member in the TRUE HEALTH Program beginning on the Effective Date set forth above. By being a member of the plan, Patient shall be eligible to receive certain basic services, tests and medical services listed and shall be subject to the fees and limitations described.

## MEMBERSHIP FEES

The Program's plan is a commitment of 16 weeks of Covered Services with two fees: a one-time Registration Fee and a Membership Fee that is paid each week for 16 weeks. First, the Patient agrees to pay a one-time, non-refundable Special Registration Fee Today in the amount of **\$175.00** per Patient or **\$300** per Couple. The One-time Registration Fee is due on the Effective Date hereof. Second, Patient agrees to pay a weekly fee ("Membership Fee") in the amount of **\$50.00** per Patient, per week, for 16 weeks. Membership Fees shall be drafted on the morning of our regularly scheduled meeting, and will cover the Patient's membership for that week.

## TOTAL PAYMENT REQUIRED

The low weekly fee is possible only when the Program costs (for doctors, health specialists, diet specialists, medical testing, medical equipment, etc.) are shared among several contracted Patients at the same time. This program requires the completion of all payments, even if, the patient stops the program, drops out, or cancels the program. It is the Patient's responsibility to pay the full amount owed for all 16 weeks even if Patient cancels/misses a week, multiple weeks, or has the Program terminate Covered Services for lack of timely payment.

## AUTO-PAYMENT DRAFT AGREEMENT

Your account will be drafted for **\$50.00** every Tuesday for 16 weeks. All your financial information will be destroyed on conclusion of the program. Signature below gives WSFA permission to auto-draft.

CC# \_\_\_\_\_ EXPIRATION \_\_\_\_\_ SECURITY # \_\_\_\_\_

Name on Card: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ PATIENT SIGNATURE: \_\_\_\_\_

PRINT STAFF NAME: \_\_\_\_\_ STAFF SIGNATURE: \_\_\_\_\_

Reg. fee, Wk 1, Wk2, Wk3, Wk4, Wk5, Wk6, Wk7, Wk8, Wk9, Wk10, Wk11, Wk12, Wk13, Wk14, Wk 15, Wk 16

**TRUE HEALTH WEIGHT LOSS PROGRAM CONTRACT**

**Financial Plan Contract**

**\$175 for Individuals or \$300 for Couples.**

**Weekly Cost: \$50 per Individual Participant for 16 weeks**

Program Total Fees – Registration \$175 and 16 payments of \$50 is a total cost of \$975.00

16 weeks of \$50 is a total of \$800.00 after Registration

Patient Name Printed: \_\_\_\_\_

**Financial Plan 1 – Pay Registration Today / Extend Payments for Longer Period.**

Patient, \_\_\_\_\_ agree to pay registration fee now of ( \_\_\_\_\_ ), and to extend payments for the balance of \_\_\_\_\_. I understand there is NO INTEREST applied to this financing, unless I fail to pay the agreed amount in the agreed time frame. The payment plan you have chosen is \$\_\_\_\_\_ for \_\_\_\_\_ Weeks. So your weekly payments are \$\_\_\_\_\_ a week, starting on \_\_\_\_\_ and ending on \_\_\_\_\_.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

True Program Staff Signature: \_\_\_\_\_

**Financial Plan 2 – Finance Registration Fees and Program Fees**

Patient agrees to pay registration of \$0 amount and finance it with the program fees or pays \_\_\_\_\_ amount now, and finances the rest of registration and program fees. The total balance to finance is: \_\_\_\_\_. I understand there is NO INTEREST applied to this financing, unless I fail to pay the agreed amount in the agreed time The payment plan you have chosen is \$\_\_\_\_\_ for \_\_\_\_\_ Weeks. So your weekly payments are \$\_\_\_\_\_ a week, starting on \_\_\_\_\_ and ending on \_\_\_\_\_.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

True Program Staff Signature: \_\_\_\_\_

**Legend for No Interest Payment Plan – Weekly Cost**

Program Fees					Registration Fees			
\$800 for 16 Weeks	\$800 for 20 Weeks	\$800 for 24 Weeks	\$800 for 28 Weeks	\$800 for 32 Weeks	\$150 for 16 weeks	\$150 for 20 weeks	\$150 for 24 weeks	\$150 for 28 weeks
\$50	\$40	\$33.50	28.50	\$25	\$9.50	\$7.50	\$6.25	\$5.35