ROOTED
CHIROPRACTIC & WELLNESS CENTER

Monthly Membership

15 Minute Treatments

$120 VALUE

We love our patients here at Rooted Chiropractic & Wellness Center!
You are the reason our doctors are able to do what they love, which is caring for you (& your family!).

As an established patient, we are happy to offer you a Monthly Membership for your continued chiropractic & wellness care. We do not offer monthly memberships until you have completed "Active Care" (your initial reason for care) with their respective Phases, are appropriate for monthly maintenance going forward, and your health is overall stable.

Our Monthly Membership is $95.00 per month for 1, 15-Minute Treatment. If you need any additional 15-Minute Treatments during the same month, you are able to come in at the discounted price of $95.00 per visit (up to 4 total Appointments per month). Any 15-Minute Treatment past your 4th, in the same month, will cost the original price of $120.00.

The Monthly Membership provides a 10% Supplement discount for the lifetime of your membership.

$95.00 per month
BILLED ON THE 1ST OF EVERY MONTH

TEXT 214-764-8357 www.therootedchirotx.com 2260 Highland Village Rd, Suite 100
Highland Village, TX 75077

Last Updated: September 2, 2026

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Terms and Conditions

Products & Services

- Appointments are only redeemable by the Patient who purchased the Monthly Membership.
- Monthly Membership Expiration:
  - It does not expire and will auto-renew on the 1st of every month until you provide us with written or electronic notification to cancel your membership. **Required written documentation accepted:**
    - **Text**: 214-764-8357
    - **Email**: contactus@therootedchirotx.com
- **If you have already been charged for your monthly membership and an appointment is not redeemed within the current month charged, the funds lost will not be rolled over to the next month – **Use it, or Lose it!****
  - Our staff will provide an email reminder to book your next Appointment if you have not booked by the 15th of the current month.
  - The only exception to this is if your doctor is unable to make your appointment due to an emergency and must reschedule your appointment. In this case, we will honor your membership upon rescheduling and you will not be charged if the appointment is pushed into the following month.
- The $95.00 monthly charge is redeemable towards 15-Minute Appointments only. Patient cannot use Total Value towards any in-office Supplements. Patient must pay for any recommended Supplements separately from the Monthly Membership
- There is a 10% Supplement discount with a Monthly Membership. This is non-transferrable outside of the Patient who has the active membership.
- In the event of an Appointment going past the 15-minute time slot, Rooted Chiropractic & Wellness Center reserves the right to add additional billed time towards your visit, at the doctor's discretion, in which Patient will be notified the additional charge.

Payment Information

- Accepted payment methods include major credit/debit cards (VISA, Mastercard, AMEX, Discover), FSA cards, or HSA cards. Cash will **not** be accepted as this is an auto-renew membership.
- Monthly Membership will auto-renew on the card on file on the 1st of every month. See above.

Updates & Notifications

- Rooted Chiropractic & Wellness Center will regularly review and update Terms and Conditions.
- Patients will be notified of changes via email.

Definitions

For the purpose of these Terms and Conditions:

- Appointment: 15-Minute Treatment
- Monthly Membership: Auto-renewed monthly 15-Minute Treatments at a discounted rate of $95.00 per month
- Patient: Individual receiving doctor services via Appointments and/or purchasing any Supplements at Rooted Chiropractic & Wellness Center.
- Supplement: Products sold in-office at Rooted Chiropractic & Wellness Center.
- Total Value: The number in the gray box on Price List. Example: **$95.00**

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Terms and Conditions

Acknowledgement and Signature

PLEASE READ TERMS AND CONDITIONS BEFORE COMPLETING AND SIGNING THIS PAGE

By providing your signature below, you acknowledge and agree that you have carefully read, fully understand, and consent to all the terms and conditions outlined in this Agreement.

Monthly Membership

Patient Printed Name: _____
Patient Signature: _____
Date: _____

FOR OFFICE USE ONLY

Staff Member Printed Name: _____
Staff Member Signature: _____
Date: _____