



DR. CHRISTINE MATHESON, ND

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## BELLY BE WELL SMART START PACKAGE AGREEMENT

### Congratulations on choosing Dr. Christine Matheson, ND's - The Belly Be Well Smart Start Package

-for newbies to the Belly Be Well program to help you have a great start while saving smart!

#### I UNDERSTAND:

Today's Date \_\_\_\_\_

I \_\_\_\_\_ (Print First and Last Name), understand that this savings package includes:

**6 appointments** at the following fees:

*Initial Belly Be Well Consultation 75 min \$245*

*First Belly Be Well Follow-Up Consultation 60 min \$220*

*4 Subsequent Belly Be Well Follow-Ups 45 min \$145/each*

-which is \$125 savings (!! ) compared to Dr. Christine Matheson's regular fees if you book a series of individual Belly Be Well appointments

This package and the series of 6 appointments are intended to be best completed **within a maximum of a 6 month period.**

I understand and agree that I am **committing to a savings package at the above listed fee structure** and **will pay for each of the 6 appointments at the time of each of these 6 appointments.** I will be provided receipts for each of these appointments.

I understand that Dr. Christine Matheson has a **cancellation policy** which outlines that a missed appointment without **48 hours notice** will be charged a fee of \$125.00.

I \_\_\_\_\_ (Print First and Last Name) agree to commit to this savings package and will try to complete using this package within a 6 month period for best benefits to my health.

Name (Print) \_\_\_\_\_

Signature \_\_\_\_\_

Date (mm/dd/yy) \_\_\_\_\_

\*For the purposes of your patient information records, please provide:

Full Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(include street address, city, province and postal code)

Phone Number \_\_\_\_\_

Email \_\_\_\_\_

*I look forward to working with you and helping you truly follow through in this plan and commitment to getting your belly well!!! Sincerely, Dr. Christine Matheson, ND*