Providing Chiropractic Care for over 3 decades!





Gentle Chiropractic Care

Partnering with our patients to reach their Health Goals including:

- Gentle Pain Relief
- Accident Recovery
- Wellness Care
- Pre & Post-Natal Care

Contact Us!

Mascali Chiropractic

140 Vann Street Northeast, Suite 400, Marietta, Georgia 30060, United States

770. 427. 8877 fax: 770.421.0008

Patient Hours

- Monday 8am 1pmTuesday 12pm 4pm
- Wednesday 8am 6pm
- Friday 8am 5pm

Ten Visit Pre-Pay Program

Ten Visit Pre-Pay Program \$920

(\$20 discount when paying by Check, Debit or Cash)

Our program is designed for self-pay patients who wish to receive Restorative Chiropractic Care, as well as established patients looking to incorporate Wellness Care into their lifestyle on a regular basis.

The Details

- Our Ten-Visit Program includes office visits and the services rendered during regular, non-accident/injury visits. The customary fee for this type of service ranges from \$120-\$185. This plan brings each visit to a consistent \$92.
- This is a pre-paid, self-pay discounted fee for care, which may be shared among household members. Each member will qualify after receiving an initial visit, including examination, care recommendation and initial treatment.
- Ten visits expire a year after purchase date.

It is not our intention that any of our patients lose visits. As the program is designed for our patients to receive care on a regular basis, using ten visits within a year is ample time to gain the full benefit of the pre-paid package. We are happy to pre-book recurring visits and standing appointments, as well.

As we often have a waitlist – please give a 24-hour minimum notice if an appointment must be re-scheduled or cancelled. If we don't have the benefit of this notice, the appointment is forfeited as one of the prepaid visits used. As always, extenuating circumstances are considered.

 This program is a self-pay discount; therefore, the package is not billable to insurance and does not include supplies or required exams at certain intervals of care.

HSA funds qualify be used for these services. If a refund is requested, a 30-day notice is required and visits will be prorated and recalculated to regular rates for services rendered. Any further treatment and associated fees will be agreed upon by both parties.

• In the event the patient has a work, auto or other injury while using this plan for care, this plan will be put on hold and after release from that case, the plan can be resumed and the expiration date will be changed. No visits will be lost in these cases. *Discounted rates cannot apply in these cases due to insurance billing and third-party requirements.

Print Name

Signature

Date

Expiration Date

