

Massages Made Affordable

(M.M.A. PLAN)

Baratta Chiropractic Clinic

6728 Fair Oaks Blvd, Suite 300- Carmichael, CA 95608
916.979.0716

½ HOUR MASSAGES	REGULAR COST	PATIENT DISCOUNT %	PATIENT PAYS DISCOUNT \$	TOTAL \$ SAVINGS	TOTAL \$ PER VISIT	SAVINGS PER VISIT
5	\$ 200	10%	\$ 180	\$ 20	\$ 36	\$ 4
10	\$ 400	20%	\$ 320	\$ 80	\$ 32	\$ 8
15	\$ 600	30%	\$ 420	\$ 180	\$ 28	\$12
20	\$ 800	40%	\$ 480	\$ 320	\$ 24	\$ 16

(Note: The usual fee for a one half hour massage is \$40)

1 HOUR MASSAGES	COST	PATIENT DISCOUNT %	PATIENT PAYS DISCOUNT \$	TOTAL \$ SAVINGS	TOTAL \$ PER VISIT	SAVINGS PER VISIT
5	\$ 350	10%	\$ 315	\$ 35	\$ 63	\$ 7
10	\$ 700	20%	\$ 560	\$ 140	\$ 56	\$ 14
15	\$ 1,050	30%	\$ 735	\$ 315	\$49	\$ 21
20	\$ 1,400	40%	\$ 840	\$ 826	\$ 42	\$ 28

(Note: The usual fee for a one hour massage is \$70)

1. The MMA fee must be paid in full at the time you join, payable in cash, check, credit card, or bank checking card.
2. Your MMA plan includes a one-half hour massage using various types of massage techniques, including deep tissue, reflexology, Swedish, etc.
3. Service or supplies such as x-rays, pillows, supports, ice packs, or adjustments are not included in you MMA price. These items can be purchased at an additional price.
4. If you become involved in any injury resulting from liability, auto accident, workers compensation, etc., your MMA will be frozen until you have released from any liability claims.
5. Refunds are available only against the regular value of our standard office fees.
6. Our clinic reserves the right to deny enrollment or renewal of our MMA to any patient, if our doctor believes it would not be in the patient's best interest to continue care with this clinic.
7. Progression from one MMA to the next can be denied if any patient does not follow the recommended care of this clinic (doctor or therapist approved).
8. If payment arrangement were allowed, patient cannot continue with another MMA until the current MMA is paid in full.

A MMA is pre-payment for # _____ ½ hour 1 hour massages.

I, _____, wish to join the MMA Plan at Baratta Chiropractic Clinic. I have read and understand the above MMA terms.

Patient Signature: _____

Date: _____

Effective Date of 1st Massage on MMA: _____

CA: _____