MEMBERSHIP PLAN APPLICATION

ADMIN - BILLING - PAYMENT PLAN · November 2026

Date of Application: _____

Children Enrolled

Child Name: _____ Date of Birth:_____ Monthly Cost: _____

Child Name: _____ Date of Birth: _____ Monthly Cost: _____

Child Name: _____ Date of Birth: _____ Monthly Cost: _____

Child Name: _____ Date of Birth: _____ Monthly Cost: _____

Child Name: _____ Date of Birth: _____ Monthly Cost: _____

Child Name: _____ Date of Birth: _____ Monthly Cost: _____

Membership and Payment

Total Monthly Membership: $ _____ Payment Date Each Month: _____

Enrollment Date: _____ Six Month Commitment Date: _____

Payment Plan set up: _____

Be Well Collective reviews and updates policies annually. The most current and updated policies are available on the patient portal and as requested.

Membership Plan Acknowledgment

I authorize Be Well Collective to automatically charge monthly payments by the method provided for membership fees and additional costs at the time of service. I have received and agreed to the Membership Plan, including the six month commitment and 30 days' notice to cancel.

_____ _____

Parent or Guardian Signature Date

_____ _____

Printed Name Relationship to Patient

OFFICE USE ONLY

Processed in Athena by: _____ Date: _____

Verified by: _____ Date: _____