
Membership Terms & Agreement

Membership Agreement

This Membership Agreement ("Agreement")

dated on _____ / ____ / 2026 the "Effective Date"

is made between and _____ Dr. Megan Ellwanger, PLLC the "Clinic"

and _____ the "Client",

for the purpose of participating in restorative & preventative care (the "Care"). The terms and conditions outlined in this Agreement establish the mutual understanding and responsibilities between the Clinic and the Client. The Client listed is responsible for management and full payment obligations.

All Members Included In Membership:



Member: _____ Date Of Birth: _____

Term Of Membership:

01

Your membership entitles You to receive an *limited* number of chiropractic visits per billing cycle.

By signing this Agreement, You are authorizing the Clinic to automatically renew your membership on Your behalf each month. Upon each automatic renewal, the Clinic will automatically deduct Your monthly membership fee from your credit/debit card account, unless You notify the Clinic for all dates listed. Inital Memberships are NOT eligible for cancellation.

02

Legal & Contractual Relationship:

04

You understand that this Agreement is a binding contract between the Client, and any applicable parent/guardian, and the Clinic. This Agreement constitutes the entire understanding between the parties hereto.

There are no oral or written representations, agreements, arrangements, or undertakings between the parties that are not fully expressed in this Agreement. There will be no additions, revisions or modifications to this Agreement except as set forth in writing.

Payment:

05

If any payments fail for any reason, the "Clinic" will provide notice to the Client. The Client will have seven (7) business days (the "Grace Period") to provide an updated form of payment. If payment is not made before the Grace Period ends, the Clinic will send a paper invoice to the address on file for amounts owed with a final due date listed.

Any paper invoices not timely satisfied may be referred to a collection agency. In the event of such default, all Membership terms, including but not limited to the accrual of membership dues, will continue, but care will not be given until satisfactory completion of outstanding payment is made.

COLLECTION AGENCY

Any invoices sent to a collection agency will be subject to all additional fees and charges allowed by the State of Nebraska.

Results & Guarantees:

06

The Clinic provides guidance, support, and expertise based on their professional knowledge and experience. However, the Client acknowledges that individual results may vary, and the Clinic cannot guarantee specific outcomes or results from participating in care.

The Client acknowledges that their own commitment, effort, and willingness to actively engage in care are crucial factors in achieving desired results.

Terms & Conditions:

07

Client agrees to be bound by the terms of this Agreement and the Terms and Conditions of Membership, which have been provided to Client. The Terms and Conditions of Membership are incorporated herein by reference and are to be considered part of this Membership Agreement.

By signing below, the Client acknowledges that they have read, understood, and agreed to the terms and conditions of this Agreement. The Client further acknowledges that participation in the Course is voluntary and that they are responsible for their own decisions, actions, and progress throughout the Membership.

Clinic's Signature: _____

Client's Signature: _____

Exhibit A.1

Initial Membership Description and Scope

You understand and acknowledge that Your membership will automatically renew on a month to month basis at the same rate selected. Your membership will continue at corresponding wellness rates & terms until Your Membership is canceled according to the terms of this Agreement.

If you are a minor (17 years old or younger), You must have a parent or guardian execute this Agreement with You. The parent or guardian signing this Agreement hereby consents to all the terms and conditions of this Agreement and agrees to be responsible for all payments.

MEMBERSHIP: Initial Membership		DURATION: 12 months
<input type="checkbox"/> Individual \$200	<p>Client access to the limited number of chiropractic adjustments & visits as defined by membership choice. May upgrade within 30 days without change of Effective Date from Individual to Dual or Family. Dual Memberships are limited to couples with no dependent children or single parents ONLY having custody of one child/dependent.</p> <p>A chiropractic adjustment corrects spinal misalignments and restores nervous system function. Chiropractic adjustments are for rehabilitation, maintenance, and prevention. What people do outside the office can greatly impact the efficacy of their care and frequency of care needed.</p> <p>Memberships do not entitle Client access to other services without appropriate scheduling and payment of services as defined in Exhibit B.</p>	
<input type="checkbox"/> Dual \$250		
<input type="checkbox"/> Family \$300		

By signing below, Client authorizes the Clinic, and its authorized representative(s) to charge the Payment Method for all charges incurred by the Client, including monthly membership dues and other ancillary charges incurred by the Client in association with his/her membership.

You have elected to pay for the following plan above on a monthly basis for the term as stated starting on the Effective Date and continuing with corresponding wellness rates and duration listed in Exhibit A.2.

This is NOT transferrable or cancellable.

By signing below, the Client acknowledges that they have read, understood, and agreed to the terms and conditions of this Agreement. The Client further acknowledges that participation in the Membership is voluntary and that they are responsible for their own decisions, actions, and progress throughout the Membership.

Clinic's Signature: _____

Client's Signature: _____

Exhibit A.2

Wellness Membership Description and Scope

You understand and acknowledge that Your membership will automatically renew on a month to month basis at the same rate selected. Your membership will continue at corresponding wellness rates & terms until Your Membership is canceled according to the terms of this Agreement.

If you are a minor (17 years old or younger), You must have a parent or guardian execute this Agreement with You. The parent or guardian signing this Agreement hereby consents to all the terms and conditions of this Agreement and agrees to be responsible for all payments.

MEMBERSHIP: Wellness Membership		DURATION: 12 Months
<input type="checkbox"/> Individual \$140	Client access to the limited number of chiropractic adjustments & visits as defined by membership choice. May upgrade within 30 days without change of Effective Date from Individual to Dual or Family. Dual Memberships are limited to couples with no dependent children or single parents ONLY having custody of one child/dependent.	
<input type="checkbox"/> Dual \$200	A chiropractic adjustment corrects spinal misalignments and restores nervous system function. Chiropractic adjustments are for rehabilitation, maintenance, and prevention. What people do outside the office can greatly impact the efficacy of their care and frequency of care needed.	
<input type="checkbox"/> Family \$240	Memberships do not entitle Client access to other services without appropriate scheduling and payment of services as defined in Exhibit B.	

By signing below, Client authorizes the Clinic, and its authorized representative(s) to charge the Payment Method for all charges incurred by the Client, including monthly membership dues and other ancillary charges incurred by the Client in association with his/her membership.

You have elected to pay for the following plan on a monthly basis for the term as stated **starting on the Effective Date and continuing until cancellation with 60 days notice if within term to avoid penalties.**

By signing below, the Client acknowledges that they have read, understood, and agreed to the terms and conditions of this Agreement. The Client further acknowledges that participation in the Membership is voluntary and that they are responsible for their own decisions, actions, and progress throughout the Membership.

Clinic's Signature: _____

Client's Signature: _____

Exhibit B

Additional Membership Benefits

Exhibit B are available to all Membership Agreements Clients. The transparent pricing is listed on www.drmeganellwanger.com "Services & Pricing" at all times and is subject to change.

Description	Discount
<p>Functional Medicine Lab Interpretation. Consults. Case Reviews. *Labs excluded*</p>	50%
<p>Bio-Emotional Coaching Do deeper work especially to address physical symptoms from emotional conflict unresolved and stored in body.</p>	50%
<p>Acupuncture Utilizing traditional Chinese medicine practices, NOT dry needling; Dr. Megan does not agree with the principles of dry needling because of her specific training and board certification.</p>	50%
<p>BioCODE Scans CODE tests utilize bioresonance to determine functional interference. Save on ONE Full Scan or Brain Scan.*Does NOT include BioCODE Remedies</p>	25%
<p>Fullscript Dispensary Order online. Ship direct to door supplements & products.</p>	10%

Both parties hereby acknowledge their understanding and acceptance of this exhibit, which forms an integral part of the Membership Agreement. The Clinic may change prices of services during the term of this agreement. The Client is entitled to receive the discount(s) as listed above.

Clinic's Signature:

Client's Signature:

Conduct & Boundaries

Creating A Safe and Supportive Health Journey

As a holistic practitioner with many certifications, I am committed to providing a safe and efficient clinic environment for all participants of the membership. I uphold a code of conduct that promotes respect, integrity, open-mindedness, and personal autonomy. I expect all Clients to adhere to the following guidelines:

Respectful Communication

Engage in constructive and respectful communication with fellow Members and the Clinic staff and doctor(s). Avoid derogatory language, personal attacks, or any form of harassment. Use of excessive &/or inappropriate communication methods is prohibited. Clients may text quick response requests & use email for billing and other inquiries. Communication Hours are 9-6 Monday - Thursday and Saturday 9-12.

Confidentiality

The Clinic is an open environment adjusting area. This means that you may overhear other conversations. Please be respectful.

Open-mindedness & Accountability

Embrace diverse perspectives and opinions. Foster a spirit of open-mindedness and willingness to learn from others' experiences and viewpoints. Take accountability for actions that may impede progress.

Safety

For the safety of everyone, cameras are installed covering the driveway/entrance and interior entrance and stairs down to the clinic. Please use provided shoe covers if you are unable to navigate the stairs safely without your shoes on.

Limitations

All visits are done in a timely manner. If the Client requires more confidentiality or coaching than can be done about the structural issues & nervous system regulation at that visit, please book a consult/coaching call.

Dr. Megan Ellwanger operates the Clinic in a residential setting (home). It is asked that Conduct & Boundaries are followed to protect the safety of Dr. Megan (Clinic) and the Client. Any violations may result in appropriate action, including but not limited to warnings, temporary suspension, or expulsion from the membership, at the Clinic's discretion.

Let's create a supportive space to learn on this life aligned journey.

Dr. Megan Ellwanger

Terms and Conditions



Membership Limits

Clients shall be entitled to receive *limited* chiropractic visits per billing cycle. Initial Membership (A.1) include "doctor recommended care." Wellness Plans (A.2) include limited (1) weekly visit per member. These services are provided on an expedited basis and require an appointment at a time convenient to Client(s) during normal clinic operating hours. Clients are also entitled to receive additional discounts as listed in clinic fees section of this agreement. Client(s) must be current on their membership fees to receive their membership benefits. The Clinic reserves the right to deny or refuse to re-enroll any Client who has failed to remit his/her membership payment(s) in a timely manner or who has engaged in conduct in violation of any of these terms or conditions or of the Membership Agreement.



Renewal

All memberships will renew to wellness rates if 30 days written cancellation is not given. Wellness memberships can be cancelled with 60 days notice without additional penalty.



Refunds and Cancellations:

Cancellations of renewal will not be done over the phone or in person. All cancellation requests will become effective thirty (30) days from the date the cancellation request is received in writing and processed. Payments due prior thereto will be charged as scheduled and Member will have thirty (30) days to use his/her membership after the final charge to his/her account. Except as otherwise required by applicable law, no refunds will be made for not using your membership if the Client cancels.



Limitation of Liability:

All chiropractors affiliated with the Clinic are licensed professionals who are required to comply with existing state and federal laws and licensing regulations. Client acknowledges that chiropractic services can be hazardous to one's health and can result in injury, prolonged soreness or sharp, extreme pain. Client acknowledges that all chiropractic services that Client will receive through the membership will be performed only by licensed chiropractors. The Clinic nor its affiliates guarantees or warrants any certain results or outcomes from the chiropractic services received through the membership. The Clinic and its affiliates are not liable for the independent professional health care decisions, services, and advice you receive from licensed chiropractors through your membership.



Modification of Terms:

Memberships not sharable or transferable between patients, including between Clients and family Members. Upon request, Client is entitled to receive a copy of the Membership Agreement and these Terms and Conditions.



Governing Law:

The validity of any of the terms and provisions of this Agreement as well as the rights and duties of the parties hereunder, will be governed by the laws of the state of Nebraska.

Disclaimer

The membership offered by Clinic is designed to provide educational and informational content related to personal growth and self-awareness, nervous system regulation, brain development, and health. Please read the following disclaimer carefully before enrolling in the care:

Obligations Of The Clinic:

We agree to make the benefits of membership available to you at all times during the dates of your membership in accordance with the terms of your membership plan. Membership Plans are all factored on the year having 48 weeks. This allows for the last (2) two weeks of Dec/Jan holiday break and other days off for continuing ed, illness, and vacation for the doctor.

Individual Results May Vary:

The course content is based on the doctor's knowledge, experience, and research. However, individual results may vary depending on various factors, including personal circumstances, commitment, and effort. The Clinic cannot guarantee specific outcomes or results from participating in the care.

Obligations Of The Client:

Client agrees to abide by the Terms and Conditions set forth herein and in the Membership Agreement. Clients are financially responsible for all membership dues and related fees. The Clinic reserves the right to collect any and all delinquent dues or fees owed by a Client. If a Client becomes delinquent in payment of his/her dues or fees the Clinic reserves the right to refer such Client to a collection agency and Client shall be required to pay all reasonable collection costs associated with the collection of such unpaid dues or fees as allowed by the State of Nebraska. Client understands that Client's credit/debit card information will not be monitored by our software system, including the date of expiration. Failure on the part of Client to provide the Clinic with updated, current, credit/debit card information may result in termination of Client's membership. Client agrees to timely notify the Clinic of any changes in Client's personal information, including mailing address, telephone number and credit/debit card information. Client's failure to timely report such changes may constitute grounds for termination of Client's membership and be subject to cancellation penalties.

Licensed Medical Professional:

Dr. Megan Ellwanger is a licensed and qualified chiropractor with additional training and certification in acupuncture, nutrition, functional medicine, and coaching.

Assumption of Risk:

It is the Client's duty to report an accurate representation of their health history, so the Clinic doctor is able to best advise treatment. Any failure to do so puts the Client at risk. The Clinic should be advised of other practitioners the Client is currently treated by.

BioCODE Scans:

BioCODE Scans are available to purchase. Though the membership provides a discount for the product, the remedies and any consults are not included in the price. Consults are subject to the discount as listed in Exhibit B.

By enrolling in the Membership, you agree to the benefits and risk. If you have any questions or concerns before signing this agreement, please contact us at email info@drmeganellwanger.com

Payment Agreement

This Payment Agreement ("**Agreement**") is entered into by and between the Clinic and the Client (collectively referred to as the "Parties") to protect the the Parties right to be paid and receive services.

Agreement

- This Membership Agreement ("Agreement") is entered by and between Dr. Megan Ellwanger, PLLC (the "Clinic") and the above-written Member(s) ("You") on the date set forth below (the "Effective Date").
- The Clinic agrees to sell, and You agree to purchase, the membership, services and benefits described herein. You and any applicable parent/guardian agree to pay the Clinic all applicable fees according to the payment schedule above. If your card fails to run for any reason, updated payment info must be received within 7 days from the time I am notified of the failed payment. Your next payment will run as scheduled. Your signature, the signature of any applicable parent/guardian below indicates Your agreement and the agreement of any signing parent/guardian to be bound by this Agreement and all of its Terms and Conditions. All persons signing this Agreement are jointly and severally responsible for the financial obligations described and agreed to, in full.

Obligations of the Receiving Client

- You and any applicable parent/guardian authorize the Clinic and its authorized representative(s) to charge the credit/debit card you keep on file (the "Payment Method") without you present. Monthly payments will be withdrawn on or after the same day of each month, on or near the date listed above, unless prohibited by the number of days in the month, in which case the fee will be withdrawn the last day of the month.
- Additionally, You and any applicable parent/guardian authorize the Clinic and its authorized representative(s) to charge the credit/debit card on file in lieu of presenting it for any additional services or products you received at your request.

Disputes

- Should you dispute charges authorized by this agreement with your card holder &/or institution, the **full amount** of all services will be sent to collections as this Agreement states & acknowledges your obligation to pay for services received.

By signing below, Client, and any applicable parent or guardian acknowledges that Client and any applicable parent or guardian has read this Membership Agreement and the Terms and Conditions of Membership in their entirety, has had the opportunity to discuss same with a member of our staff, and fully understands and accepts all of the obligations, rights, responsibilities, liabilities and waivers under the Membership Agreement and Terms and Conditions of Membership. Client and any applicable parent or guardian further acknowledges that the recurring payment provisions (charges to debit or credit card), automatic renewal provisions, and cancellation procedures and applicable dates have been thoroughly explained and are understood.

Client's Name: Client's Surname:

Date: Client/Guardian Signature:

Client's Name: Client's Surname:

Date: Client's Signature: