

Herbalist's Complete Care Plan Contract  
Year One

I, \_\_\_\_\_, agree to eight maintenance appointments set up at the  
(*print name*)

herbalist's discretion. I understand that these appointments are vital for my on-going good health, and I agree to make these appointments a priority in my schedule. Further, I understand that this contract is void, and any payments made are non-refundable, if I

- a. fail to appear at any of these appointments, or
- b. fail to appear at an appointment rescheduled within one week of the original appointment, or
- c. fail to utilize the advice of my herbalist

There will be four appointments, one each week during the first month of my care. There will be four more appointments spaced evenly throughout the remainder of one year, one every ten weeks. All other appointments can be made at any available time at my discretion at the reduced rate of \$20.00 for a one hour, \$10.00 for a half-hour, and \$5.00 for a fifteen minute appointment.

For this comprehensive service package, I agree to pay either:

\$555.00 now (for a grand total of \$555),

**or**

\$250.00 now and \$30.00 a month for 11 months (for a grand total of \$580.00)

The debit/credit card I want my monthly payments made to is:

Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_/\_\_\_\_

I understand that all of my information will be kept confidential and used appropriately.

I understand that all appointments must be rescheduled or cancelled at least 48 hours in advance. The herbalist agrees to treat me as a whole person addressing my physical, mental, and emotional concerns. The herbalist will respect my concerns and questions as legitimate and worthy of attention providing professional services, information, and referrals as appropriate.

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Herbalist's Signature

\_\_\_\_\_  
Date