



Application for Franchise

It is the mission of Integrated Wellness to provide the best alternative, natural healthcare possible to our patients, families, friends, and communities. It is our goal to assist each individual in their personal quest to achieve optimal health and potential to enjoy life to the fullest. We vow to reach this goal through natural integrated processes including postural and neurological correction and rehabilitation, physical and massage therapies, nutritional counseling, and enhanced lifestyle education; while excluding any unnecessary drugs, surgeries, or evasive procedures. Our dedicated and highly trained doctors and staff are committed to delivering this service to all who enter our doors.

At Integrated Wellness, anything less is unacceptable.

We are looking for the best doctors to become part of the Integrated Wellness family. We are specifically interested in those doctors who have a passion for caring for their patients by offering them the best treatment available; doctors who prefer to focus on their patients rather than worrying about running a successful business. We are looking for doctors who want the opportunity to finally put chiropractic in the spotlight. As an Integrated Wellness franchised practice, you can relax and trust that the operation of systems for a success business will be in capable hands. Never before has a chain of chiropractic clinics been able to work together to reach the masses through a branded approach. We are determined to change this. Alone, no practitioner has ever been able to change the perception of chiropractic shared by the general public, the media, and the medical world. We believe by joining forces, we *can* do this. If you are a doctor who shares these beliefs, and want to join our successful venture, please take the time to fill out this application completely so we can assess your facility in consideration of you joining our family.

Please consider the following clinic for an Integrated Wellness franchise:

Clinic Name

Address

Phone

Fax

Email

Website

Doctor Information

Owner/Doctor's full name & credentials _____

Length of time working as a chiropractor? _____ Years, _____ Months

Length of time in your own practice? _____ Years, _____ Months

Advanced degrees or certificates? _____

Have you ever had your license suspended? Yes No

if yes, what was the reason? _____

Have you ever been audited by an insurance company? Yes No

if yes, what was the outcome? _____

Have you ever had a malpractice claim filed against you or your clinic? Yes No

If yes, what was the outcome? _____

Have you ever had a disciplinary action taken against you with a state board? Yes No

If yes, what was the outcome? _____

Associate Doctor's full name & credentials _____

Length of time working as a chiropractor? _____ Years, _____ Months

Length of time in your current practice? _____ Years, _____ Months

Advanced degrees or certificates? _____

Have you ever had your license suspended? Yes No

if yes, what was the reason? _____

Have you ever been audited by an insurance company? Yes No

if yes, what was the outcome? _____

Have you ever had a malpractice claim filed against you? Yes No

If yes, what was the outcome? _____

Have you ever had a disciplinary action taken against you with a state board? Yes No

If yes, what was the outcome? _____

Doctor Information Continued

Please duplicate this page as needed.

Associate Doctor's full name & credentials _____

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Statistical Information & Overhead

Please complete the following based upon a one-week's average within the past 90 days.

Number of office visits? _____

Number of new patients? _____

Number of massage hours (if applicable)? _____

Number of decompression treatments (if applicable)? _____

Supplements sold? \$ _____

Equipment sold? \$ _____

Cash treatment collections? \$ _____

Insurance collections? \$ _____

Total collections? \$ _____

Average collection per office visit (ie. total collections/office visits)? \$ _____

Do you keep weekly or monthly stats for your office? Yes No

If yes, which ones? _____

Overhead

Office building: Lease Own

If leased, monthly rent including Cam fees? \$ _____

Date current lease ends? _____

If owned, monthly mortgage? _____ No. of months? _____

Cam fees: \$ _____ per/month Building size: _____ sq. Ft.

Utilities: Monthly average for last 12 months? \$ _____

Office supplies: Monthly average for last 3 months? \$ _____

Supplements Ordered: Monthly average for last 3 months? \$ _____

Equipment cost: Monthly average for last 3 months? \$ _____

Payroll for all doctors/staff (*NOT including owner*): Monthly average for last 3 months? \$ _____

Business loan(s)? Yes No If yes, name of bank or finance company?
_____ Mo. Payment? \$ _____

Credit card debt? Yes No If yes, total amount outstanding? \$ _____

Equipment leases? Yes No If yes, items leased:
Item: _____ \$ _____ a month for _____ months.
Item: _____ \$ _____ a month for _____ months.

Billing

Which type of billing practice do you use? In-house Outsourcing

If In-house, which software do you use? _____ Version? _____

If Outsourced, which billing company do you use? _____

Billing fees? \$ _____ per month for _____ number of months.

Office Equipment

Number of Chiropractic tables? _____

Brand? _____

Number of Exam tables? _____

Number of Massage tables (if applicable)? _____

Number of Decompression tables? _____

Brand? _____

Type of X-ray Equipment? _____ How old? _____ Yrs.

Number of computers? _____ Average age? _____ Yrs.

Operating system? _____

Patient management software? _____

Practice management software? _____

Other software used regularly? _____

Insurance

Malpractice Coverage

What are the policy limits? _____

Is the E&O Policy current? Yes No Uncertain

Any lapses in coverage: Yes No Uncertain

Who are the named insured: _____

Benefits Coverage

Vacation? Yes No Uncertain

Health? Yes No Uncertain

Disability? Yes No Uncertain

Retirement? Yes No Uncertain

Profit Sharing? Yes No Uncertain

Premises Coverage

Are your premises covered by insurance? Yes No Uncertain

Does your policy include Premise Liability and General Business Liability coverage? Yes No Uncertain

If yes, what are the limits? _____

Does it include personal property coverage? Yes No Uncertain

If yes, what are the limits? _____

Furniture fixture equipment? _____

Does it include tenant improvement coverage? Yes No Uncertain

If yes, what are the limits?

Does it include business interruption coverage? Yes No Uncertain

If yes, what are the limits? _____

Does it include employee dishonesty coverage? Yes No Uncertain

If yes, what are the limits? _____

Who is the name Insured? _____

Who is loss payee, if any? _____

Who is additional-named insured, if any? _____

Do you have Workers Compensation insurance coverage? Yes No Uncertain

If yes, who is the carrier? _____