

# Dr. Daniel Bruckner

## Family Plan Agreement

I have read and agree to the family plan fee. I understand that this fee is for non-clinical services which are not covered or reimbursable by my insurance plan.

The cost of the annual fee is:

Families with one child: \$500 per year

Each Additional Child: \$250 per year

Maximum Per Family: \$1000 per year

This fee will be collected at the first visit of 2023 and will renew on that date every year thereafter.

If you would like to pay the fee in advance, it will still begin at the first visit of 2023.

Please list your child/children below:

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Enclosed is my payment of \$ \_\_\_\_\_

- Check (make payable to Dr. Daniel Bruckner)
- Credit/Debit card

Name on card: \_\_\_\_\_

Credit Card #: \_\_\_\_\_

Exp Date: \_\_\_\_\_

Security Code: \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_

Print Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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