

2017 Wellness Enrollment Information

Wellness services are fully described in a brochure available from the Wellness Office (may also be found on the table across from the community mailboxes). The monthly Health and Wellness Newsletter includes descriptions of healthcare services. See also www.theacademyvillage.com

A subscription to Wellness is \$35/month, with no limit on the number of visits to the Wellness Center (the tier system used in previous years will be discontinued at the end of this year). Subscriptions may be paid monthly, quarterly, or annually. There is a 6% discount for annual payment, ***if received no later than January 6, 2017.***

Residents who are not subscribers may access the service for \$50 for any 30-day period. Regretfully it is no longer possible to offer free visits or service to newcomers. Monthly subscribers should make separate arrangements with the nurse (Candi Tucker) or the ASC business office (Sandy Thomas).

Note: Users of the in-home (private duty) service must be Wellness subscribers in order to use the in-home service.

Donations to Wellness are tax deductible, very much needed, and deeply appreciated. Infrequent users of Wellness may wish to consider a donation in lieu of a subscription. Donations of \$275 or more per person include up to six free visits or encounters with the service, thereby offering both a tax deduction and the modest benefit of limited, free visits. The support of those who subscribe and make a tax-deductible donation is most welcome. Thank you.

2017 Enrollment Form

Name(s) _____

Phone: _____ Email: _____

Please indicate your choices by checking below, then drop off this form to the Wellness Office or place in Wellness mailbox directly across from the entrance to the Wellness Office.

Yes, I/We wish to subscribe. We understand that the cost is \$35/month per person. Payment will be: monthly; quarterly; annually (6% discount = \$395 by 1/6/2017)

In addition to being a subscriber, I/we would like to donate \$ _____ to support the Wellness/ Continuity of Health Care program in Academy Village.

I do not wish to subscribe, but want to make a donation of \$ _____ to the Wellness/Continuity of Care program (donations of \$275 or more include up to six no-charge visits or encounters for the calendar year, 2017.)

Checks should be made payable to Academy Services Corporation. Please write **Wellness** on the memo line of the check. Thank you!