

# MANAGEMENT AGREEMENT

This is a formal management agreement made on \_\_\_\_\_, 20\_\_ between \_\_\_\_\_, hereinafter known as DOCTOR and Petty, Michel and Associates, P.O. Box 170882 (1031 E. Chateau Place), Whitefish Bay, Wisconsin, 53217, hereinafter known as PM&A. (PM&A is incorporated as Chiro-Health Management, a WI corporation.)

Whereas PM&A is a management group and whereas the DOCTOR wishes to engage the services of PM&A, it is hereby agreed as follows:

## A. MANAGEMENT SERVICES INCLUDE:

- On Site Visits: Training, coaching, and consultations based upon an analysis of clinic's situations, past own successful procedures, and new and agreed upon procedures or activities. Up to eight hours.
- Telephone Conferences with staff, doctors, and management for the supervision of project steps, coaching, and advice as needed.
- Monthly Statistical Analysis: Monthly review of practice statistics and ratios in depth, and advice relative to progress on achieving clinic goals.
- Monthly Project Management work done in PM&A office.
- Materials: As needed and available, separate projects and action steps, advises, promotions, etc., will be sent from PM&A to DOCTOR for guidance and implementation.
- In Office Workshops & Executive Briefings: Customized workshops for staff and/or management as needed.
- Additional Services as outlined in "Levels of Services & Rates."
- The following are some of the subjects that may be addressed by the above actions to develop the practice, as needed:
  - All Aspects of Practice Development
  - External Marketing
  - Internal Marketing
  - Office Management
  - Staff Development
  - Clinic Leadership

B. Services to begin on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_, and will automatically renew every 12 months thereafter unless otherwise specified.

## C. DOCTOR AGREES TO:

- Provide PM&A with the clinic's major monthly statistics, and to report these monthly statistics to our office no later than the 5th working day of each month.
- Allow PM&A access to clinic statistics, financial data, and personnel and practice histories.
- Give best effort to work with PM&A in achieving the practice goals.
- Upon execution of this agreement, the first month's payment should be received by PM&A no later than the first day of the month for which the contract is to start. For example, if the contract is to start in January, the first payment should be received no later than January 1. Payments can also be made by credit card.
- Payments paid by the 1<sup>st</sup> of each month by check, or by recurring credit card charge. Monthly invoices receipts will be mailed except for Basic Coaching clients.
- Pay for services to be rendered no later than the first of each month, per the following schedule. Refer to "'Levels of Services and Rates'" for a detailed outline of services and materials provided in each plan. Choose plan:

_____ Basic Coaching -	\$ 95 per month	_____ Standard Management -	\$1250 per month
_____ Coaching Plus -	\$450 per month	_____ Management Plus -	\$1450 per month
_____ Basic Management -	\$850 per month	_____ Executive Management-	\$2350 per month

Other: \_\_\_\_\_

Pay for major travel expenses consisting of airfare or auto mileage to and from DOCTOR's office, and lodging at a moderately priced motel. Expenses for consultant's travel time and other incidental expenses will be paid by PM&A.

## D. CONTRACT BREAKAGE:

- There is no contract breakage fee.
- Either party may terminate this contract after the initial 60 days with a thirty day written notice. DOCTOR agrees to pay for all the contracted services and expenses delivered by PM&A prior to termination.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Doctor:

\_\_\_\_\_  
PM&A:

For your convenience you may pay by credit card, automatically charged to your card each month thereafter for term of agreement. (Please Print)  
Name on MC / Visa/AMEX Card: \_\_\_\_\_ Card #: \_\_\_\_\_ Exp: \_\_\_\_\_

Billing address for card: \_\_\_\_\_, \_\_\_\_\_

I would like to pay for my services through a monthly recurring charge using the above card.  Please check box and initial. \_\_\_\_\_

Petty, Michel & Associates

P.O. Box 170882, 1301 E. Chateau Place ~ Whitefish Bay, WI ~ 53217 ~ Phone (414) 332-4511 ~ Fax (414) 332-0909 [www.PMAworks.com](http://www.PMAworks.com) email:pma@pmaworks.com