



“Dr.Kim’s Holistic Health Membership”

Name: _____ Date: _____

Comprehensive Initial Consultation (1 hr.)

- Review MSQ, Extensive History, 7-Day Diet Journal, and Blood Work.
- Recommend the membership level based on MSQ, Medical conditions/Meds, and BMI. (Fee \$ 425)

| Feature | Basic Silver | Active Gold | Ultimate Platinum |
|--|-------------------|-------------------|---------------------|
| Length (Months) | 6 | 3 | 3 |
| 9 Week Videos | Yes | Yes | Yes |
| Weekly Office Hours | Yes | Yes | Yes |
| *Health Coach 1:1 | Pay as needed | 2/month | 1/week |
| *First Session : 45 min. Follow Up Session : 30 min. | | | |
| Food Plan | No | Yes | Yes |
| Supplement Discount | 5% | 10% | 15% |
| Detox Product Discount | 5% | 10% | 15% |
| *HBOT/IV Discount | 30% | 35% | 40% |
| *Individual Purchase Allowed | | | |
| Regenerative Program Access | No | Yes | Yes |
| Regular Fee | \$342 (6 months) | \$591(3 months) | \$1491(3 months) |
| Monthly Fee | \$57 | \$197 | \$497 |
| Pay in full (10% off) | \$307 (Save \$34) | \$531 (Save \$60) | \$1341 (Save \$150) |