

PATIENT ENROLLMENT AGREEMENT

This Patient Enrollment Agreement is made and entered into as of the date set forth below next to the signatures, by and between the patient(s) signing below and the Center for Health & Wellness.

The patient(s) identified below desires unique services and benefits to be provided by your provider pursuant to the Center for Health & Wellness that are not covered or otherwise not reimbursable under private health insurance policy, private health plan or government program, including, but not limited to , Medicare, in which Patient is enrolled (the “Membership Benefits and Services”);

In addition to items covered by insurance and expected from your provider, the Center for Health & Wellness agrees to provide to Patient; enhanced access to the provider, 10% discount on products and services, and to limit patient enrollment in the provider’s practice which shall be deemed the Membership Benefits and Services.

In consideration of the applicable Membership Benefits and Services, Patient agrees to pay the Center for Health and Wellness the following on an annual basis:

Enrolled Patients:	Annual Payment:
Adult Member	\$400.00
2nd Adult Member	\$300.00
Dependant Children 26 and under	No additional fee

The “Annual Fee” is for a 12-month period (“Term”) ending one year from the Commencement Date. The amount is guaranteed for such contract year but may be increased upon annual renewal. The Annual Fee (or initial installment) is non-refundable and is due on the Commencement Date of this agreement and on or before each anniversary thereafter as a condition for continuing as a Patient of the provider.

Patient has financially responsible to pay for medical services that are provided at regular office visits that are not part of the Membership Benefits and Services. The Center for Health & Wellness will bill Patient’s insurance for services performed but Patient shall remain financially responsible for all charges incurred, including applicable deductibles and co-payments required.

Patient Acknowledges and understands that Membership Benefits and Services are unique and are provided with certain specific limitations and conditions, as follows:

1. **The applicable Membership Benefits and Services are not covered and otherwise not reimbursable under any private health insurance policy, private health plan or government program, including but not limited to Medicare and Medicaid, in which the Patient is enrolled.** Accordingly, Patient understands and acknowledges that Membership Benefits and Services convey value and benefits that Patient does not already receive under any private health insurance policy, private health plan or government program, including but not limited to Medicare and Medicaid, in which the Patient is enrolled.

2. The list of Membership Benefits and Services may be amended or modified to the extent necessary to reflect any change in interpretation or terms of coverage and benefits of any private health insurance policy, private health plan or government program.
3. The Provider may also provide services to the Patient that are covered and reimbursable from private health insurance policy, private health plan or government program, including but not limited to Medicare and Medicaid, in which the Patient is enrolled. In such case, the Center for Health & Wellness may bill and seek reimbursement from the patient's private insurance policy, private health plan and/or Medicare/Medicaid under the terms and conditions of the Patient's enrollment agreement with such payer(s). The Center for Health & Wellness may also seek reimbursement from Patient as permitted under the Patient's enrollment agreement with such payer(s)(e.g., deductible, coinsurance or co-pays). Patient understands and acknowledges that any covered and reimbursable services are separate and distinct from and independent of the applicable Membership Benefits and Services provided herein.

This Agreement shall automatically expire at the end of the existing Term unless Patient renews the Agreement and pays the Annual Fee (or initial installment) for the next term. The Center for Health & Wellness may terminate this agreement at any time during the Term of this Agreement by providing Patient at least thirty (30) days notice of such termination.

By signing below, Patient and Provider represent that they fully understand and freely covenant to accept the rights and obligations under this patient enrollment program.

Date: _____ (“Commencement Date”)

Patient(s):

Signature: _____ Date Signed _____

Printed Name: _____

Address: _____

Additional Patients (if applicable):

Second Adult: _____ Dependant #1: _____
Printed Name (age 26 & under) Printed Name

Dependant #2: _____ Dependant #3: _____
(age 26 & under) Printed Name (age 26 & under) Printed Name

ANNUAL FEE PAYMENT INFORMATION

Please make checks payable to **Center for Health & Wellness**

Total Annual Fee (\$400 member and/or \$300 2nd Member) \$ _____

Method of payment: Cash (in office) / Check / Credit Card

Please **do not mail cash** – cash payments can be made in person at the office – thank you!

Credit Card Information:

Account Number: _____ Expiration Date: ____/____

Security Code (on back of card) _____ Zip Code (associated with Credit Card) _____

NOTICE OF ACCEPTANCE:

Tammara Beeghly, PA-C acknowledges receipt of this agreement and application to become a Patient of such Provider (d/b/a Center for Health & Wellness)