SignatureMD Concierge Services
Patient Membership Agreement

This Concierge Service Patient Membership Agreement (the "Agreement") is entered into between individual whose name appears opposite "Member's Name" below and whose signature appears at the end of this Agreement (Member) and Signature MD, Inc., a California corporation (SignatureMD), and is effective as of the date appearing opposite the signature of SignatureMD at the end of this Agreement.

1. Member acknowledges that Member has read and accepts the SignatureMD Concierge Services Terms and Conditions (December 1, 2012) which will govern the relationship between Member and SignatureMD pursuant to this Agreement. Such Terms and Conditions are incorporated into and made a part of this Agreement by this reference.

2. Member represents and warrants that the following information regarding Member is accurate at the time submitted to SignatureMD:

1a. MEMBERS NAME	Date Of Birth	1b. ADDITIONAL SECOND MEMBER	Date Of Birth
1c. ADDITIONAL THIRD MEMBER	Date Of Birth	1d. ADDITIONAL FOURTH MEMBER	Date Of Birth.

2. MAILING ADDRESS	CITY	STATE	ZIP CODE

3a. HOME PHONE	3b. OFFICE	3c. MOBILE	3d. FAX

4. E-MAIL ADDRESS	

Designated SignatureMD Program Primary Physician: **MARK O. CARLSON, M.D.**

3. Member hereby selects the payment terms for the SignatureMD Concierge Services Program that Member has checked below:

	DISCOUNTED PREPAID BY DEBIT, CREDIT OR CHECK		DEBIT OR CREDIT CARD INSTALLMENTS
☐	Individual $1,700 annual	☐	Individual $1,850 annual [$462.50 per quarter]
☐	Couple $3,200 annual	☐	Couple $3,500 annual [$875 per quarter]
☐	Additional (3rd) Adult $1,300 annual	☐	Add. (3rd) Adult $1,500 annual [$375 per quarter]

Additional Contract Notes [Doctor's Office Only]: _____

4. Member either (i) tenders to Signature MD with this Agreement the annual fee for the Program selected by Member or (ii) hereby authorize SignatureMD to bill one-fourth (1/4) of such annual fee (or $_____) per quarter (3 months) payable in advance to Member's

CREDIT/DEBIT CARD	☐ Visa	☐ MC	☐ Discover	☐ AMEX	CARD NO.			
CARDHOLDER'S NAME					EXP DATE		VERIFICATION #	

X _____
Member Signature

_____
Date

By _____
Signature MD, Inc.

_____
Date

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