Appendix 2

Medical Agreement/Enrollment Form

Landmark MD

Annual fees as set out below shall apply to the following Patient(s), who by signing below agree to the terms and conditions of the Landmark MD Medical Agreement Form. **(Only applies to individuals who are joining as members)**

_____

Patient Name Date of Birth (mm/dd/yyyy) Age

_____

Mailing Address City, State, Zip

_____ _____ _____

Primary Phone Alternate Phone Email Address

_____

Spouse name (if applicable) Date of Birth (mm/dd/yyyy) Age

_____ _____ _____

Primary Phone Alternate Phone Email Address

Child(ren) to Whom this Agreement Applies:

_____

Child's name (printed) Date of Birth (mm/dd/yyyy) Age

_____

Child's name (printed) Date of Birth (mm/dd/yyyy) Age

Preferred Payment Method*

Annually (___Credit/Debit Card ___Bank Draft) Monthly (___Credit/Debit Card ___Bank Draft)

Card Number: _____ Name on Card:_____

Exp. Date: _____ CV Code: _____ Zip Code:_____

Bank Routing Number: _____ Account Number: _____

Name on Account: _____

All patients must have a credit/debit card on file or bank draft arrangement to cover the cost of membership and any incidentals not covered by the Agreement must be made at the time of service

There is a 90 day minimum membership term upon enrollment and fees are collected at the first visit. Membership may be cancelled after 90 days with no penalty.

Fee Itemization

Age 40 and over	Primary Member	Spouse/Partner	Child 1	Child 2+	Child 3+
	$85/month	$85/month	$30/month	$0/month	Free** ($200 max)
Under age 40	$70/month	$70/month	$30/month	$10/month	Free** ($180 max)

Annual pre-payment discount: 1 month of service free

*****Reinstatement Fee*****

Should your membership lapse, or if you choose to cancel your membership, you may be charged a reinstatement fee of $240 when rejoining.

Patient 1 $_____

Patient 2 $ _____

Additional Patients $ _____

Total Rate $ _____

I certify that I have read, understand and agree to the terms set forth in the Landmark MD Medical Agreement form. I further certify that I have received a copy of this form.

Signature and date: _____