



## Personalized Medicine Practice – Agreement

I engage **North Fulton Internal Medicine Group, P.C. (NFIMG)** and its providers to provide primary care services for a period of one year beginning \_\_\_\_\_. For the purposes of this agreement, the term “**Service Year**” refers to the one-year period beginning as of the date above and recurring in one-year increments to the extent in which the agreement is renewed as provided below.

### Provider and Plan

Please choose your primary provider and plan.

**Primary Provider:** \_\_\_\_\_

<b>Plan:</b>	<b>Age 45+</b>	<b>Age 35–44</b>	<b>Age &lt; 34</b>
Individual Membership	<input type="checkbox"/> \$2,200	<input type="checkbox"/> \$2,000	<input type="checkbox"/> \$1,800
Couple Membership	<input type="checkbox"/> \$4,000	<input type="checkbox"/> \$3,600	<input type="checkbox"/> \$3,200
Dependent Child(ren)*	_____		

*\*Membership fee is waived for dependent child(ren) ages 18-26 as of parent's date of enrollment. Services are billable.*

### Method of Payment

Payment may be made annually or semiannually. Semiannual payments must be made by credit card and set up for automatic payment using a card on file.

#### Check:

I will make a single annual payment. Check Number \_\_\_\_\_ Amount \_\_\_\_\_

#### Credit Card:

I will pay **Annually**. Please charge my credit card for the full amount.

I will pay **Semiannually**. Please securely store my card on file to charge half now, and the balance in **6 months**.

Patient Name(s) \_\_\_\_\_ Date \_\_\_\_\_

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ Zip Code \_\_\_\_\_ CVV Code \_\_\_\_\_

### Acknowledgement

I authorize NFIMG to charge my credit card as selected above. I acknowledge that either party may terminate this agreement with 30 days' written notice. If terminated before completion of the annual wellness exam, a prorated refund may be issued. Renewal occurs annually upon payment of the applicable fee subject to NFIMG's terms unless otherwise agreed in writing.

Signature \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_