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 **January 1, 2026**. For the purposes of this agreement, the term **"Service Year"** refers to the one-year period beginning January 1, 2026 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:_____

Plan:	**Age 45+**	**Age 35–44**	**Age < 34**
Individual Membership	☐ $2,200	☐ $2,000	☐ $1,800
Couple Membership	☐ $4,000	☐ $3,600	☐ $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 _____