



*A Personal Approach to Health Care*

## MEMBERSHIP INFORMATION FORM

This Agreement (the "Agreement") sets forth the terms and conditions under which you (the "Member") shall participate in your doctor's Concierge Medical Services, LLC (the "Program"). The agreement will become effective on the first day of the month following the date of your signature of this Agreement and payment of your membership fee (the "Effective Date").

Your Physician \_\_\_\_\_

Your Name \_\_\_\_\_ DOB \_\_\_\_\_

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

Spouse (If Joining) \_\_\_\_\_ DOB \_\_\_\_\_

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

Children (If Joining) \_\_\_\_\_ DOB \_\_\_\_\_

\_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Spouse Phone (Work) \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_ Spouse Email \_\_\_\_\_

**Membership may be paid by check, electronic debit or credit card.  
Please make checks payable to Concierge Medical Services, LLC**

Number of members \_\_\_\_\_ at \$4,000 per member = total annual: \_\_\_\_\_

Fee may be paid annually or in installments. Installment plans require a form of automatic payment on file.

Please choose:  Annually  Semi Annually  Quarterly

Check Enclosed  Mastercard/Visa  American Express  Discover  Electronic Debit from Checking or Savings (Attach a voided check)

Name as it appears on card: \_\_\_\_\_

Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_ Code \_\_\_\_\_

*Billing address of this Credit Card, if different than the primary patients address:*

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_



*A Personal Approach to Health Care*

## MEMBERSHIP AGREEMENT

### SERVICES

Each member will receive an annual comprehensive physical examination including your bloodwork, EKG, and a breathing study. This is the only service included in the membership. Your adult children may be included at no cost from age 18-23.

### COST

The cost of the membership is \$4,000 per year. The membership cost can be paid annually or we offer installment plans for semi-annual or quarterly payments. All installment plans require a form of automatic payment on file.

### COMMUNICATION

We are on-call for you 24/7, 365 days per year to answer questions and you always have a physician available. After office hours we are available for you via our cell phone. We share call on weekends, holidays, or vacations with three concierge physicians – Dr. Tom Arne, Dr. Scott Elsbree, and Dr. Sean Downing.

### TERMINATION OF SERVICES

The membership is for one year and may be renewed at the end of each year. If there is a termination of services for any reason during the membership year and you have received your annual comprehensive exam, there are no refunds given. If you have not received the exam you will be given a prorated portion of the membership fee based on the first six months of membership. After six months of membership there are no refunds given.

### INSURANCE

We participate with Medicare and many of the major insurance companies. When you come to the office for any visit – except your annual examination and bloodwork – we will bill the insurance company. If there is any remaining balance from a co-pay, co-insurance, or deductible you will receive a statement and will be responsible for the balance.

### REIMBURSEMENT BY THIRD PARTIES

**Neither Concierge Medical Services nor your Physician will seek reimbursement from anyone else for the services provided in exchange for your annual fee. In the event additional services are rendered by your Physician you shall be responsible for the cost of same less any applicable insurance you may have. Your Physician is obligated to collect the co-payments required by your insurer.**

### ENTIRE AGREEMENT

This shall constitute the sole and entire agreement between the parties, and no representations or promises not contained herein shall be binding. Any changes to this Agreement shall only be effective if they are in writing, signed by all parties to this Agreement.

### NOTICES

Any communication required hereunder shall be made in writing and sent via certified mail, return receipt requested to Concierge Medical Services at the address below.

### APPLICABLE LAW

Any issue or question arising from the Agreement shall be decided based upon the laws of the State of Florida.

### HEADINGS

The descriptive headings of the sections of this Agreement are inserted for convenience only; and do not constitute a part of this Agreement and shall not effect, in any way, the meaning or interpretation of this agreement.

**Concierge Medical Services, LLC (CM)**

1250 S Tamiami Trail, Suite 301, Sarasota, FL 34239 | [jmarinelli@manasotamed.com](mailto:jmarinelli@manasotamed.com) | 941-365-1321 | 941-365-4071 F