



CONCIERGE PATIENT AGREEMENT

I have engaged **Marable Personal Healthcare, PLLC (MPH)** and its physician, Charles T. Marable, M.D. to provide primary care services to me/us for a period of one year beginning on the date noted below, as well as every 1-year period after that, to the extent I renew the Agreement as provided below.

FOR PATIENT MEMBERSHIP DURING THE SERVICE YEAR, I AGREE TO PAY MPH:

- \$233.34 per month (\$2,800/year) – Individual
- \$208.34 per month (\$2,500/year) – Individual’s Spouse / Partner | Name? _____
- \$66.67 per month (\$800/year) – Unmarried Child Dependent of a member (under age 25)
*Number of Children? _____ Name(s) _____

PAYMENT OPTIONS:

- ACH (Electronic Checking)** Personal Checking Account Corporate Checking Account
*Preferred Method

Name(s) on Account Routing Number Account Number

Credit/Debit Card

- MasterCard Visa MC Amex

Name (as it appears on the card) Credit Card Number Exp. Date Security Code (CID)

Email Address for Invoices & Receipts Billing Zip Code

- I will pay monthly.
- I will pay quarterly. Please bill 25% now, and 3 more equal payments at 3-month intervals.
- I will pay semi-annually. Please bill one half now, and the balance approximately 6 months later.
- I will pay annually. Please bill my account for the full amount.

PATIENT(S): Please print name and date and sign form below (Additional names may be added on back of form)

I hereby authorize MPH to charge my account as indicated above. I acknowledge that either MPH or I can terminate this agreement upon 30 days written notice. If I terminate, the annual fee may be forfeited, to be determined on a case-by-case basis. If MPH terminates, I will receive a refund of the prorated portion of the paid annual fee, based on the number of days that have elapsed in the service year. Such refund will be paid to me within 30 days after termination.

I may renew this agreement for subsequent service years by paying the annual fee for the applicable service year as determined by MPH. The terms of this agreement will apply to all such subsequent service years, unless MPH and I agree otherwise, in writing. This agreement is not medical insurance. Lab tests, imaging, specialist care, and hospitalization are not covered by membership. Your medical insurance may cover health services that are outside the scope of MPH.

Signature

Printed Name

Date