Updated for 11/25/2025

www.marablepersonalhealthcare.com

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 and / or us for a 1 year term beginning on the date noted at the bottom of this document. Membership will continue annually after initial 1 year term unless written notice is provided to discontinue services 30 days prior to the annual renewal date.

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

☐ $339.17 per month ($4,070/year) – Individual
☐ $313.33 per month ($3,760/year) – Individual's Spouse / Partner | Name?_____
☐ $68.67 per month ($824/year) – Unmarried Child Dependent of a member (under age 25)
*Number of Children? _____ Name(s) _____

_____

PAYMENT OPTIONS:

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

Name(s) on Account _____ Routing Number _____ Account Number _____

☐ **Credit/Debit Card**

☐ MasterCard ☐ Visa ☐ Discover ☐ American Express

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

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

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.

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** _____