



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:

- Payment options: \$329.17 per month (\$3,950/year) - Individual; \$304.17 per month (\$3,650/year) - Individual's Spouse / Partner; \$66.67 per month (\$800/year) - Unmarried Child Dependent of a member (under age 25)

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)

Email Address for Invoices & Receipts, Billing Zip Code

- Payment frequency options: monthly, quarterly, semi-annually, annually

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.

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.

Signature, Printed Name, Date