

5. Payment Authorization; Execution. Participating Patient either (i) tenders together with this Agreement the Amenities Fee, or (ii) hereby authorizes Personalized Care Practice's designee to bill one-fourth (1/4) of the Amenities Fee (that is, \$_____.) per calendar quarter (3 months) payable in advance to Participating Patient(s):

Credit or Debit Card

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cardholder Name	Card Number	Expiration	CVV	Card Zip Code

eCheck (ACH)

<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Bank Routing Number	Bank Account Number	Account Type	

Participating Patient understands that credit card payments will be processed by Signature MD, Inc. and agrees to make payments by check payable to "SignatureMD".

This Agreement, including the attachments and exhibits, will be fully binding upon each Party and constitutes the entire agreement between the Parties in connection with the subject matter in this Agreement, and supersedes all prior agreements and understandings between the Parties, whether written or oral, which have been made before the execution of this Agreement.

Participating Patient

Signature _____
Print Name _____

JOSEPH T. BARRY, MD, PLLC

By Joseph T. Barry, MD _____

Schedule 1 to Personalized Care Program Agreement

Additional Participating Patients



Participating Patient Name from Personalized Care Program Agreement

Acknowledged and Agreed (Initials)

2nd Participating Patient

Participating Patient Name

Date of Birth

Email Address

Home Phone

Cell Phone

Office Phone

Fax

Mailing Address

City

State

Zip Code

3rd Participating Patient

Participating Patient Name

Date of Birth

Email Address

Home Phone

Cell Phone

Office Phone

Fax

Mailing Address

City

State

Zip Code

4th Participating Patient

Participating Patient Name

Date of Birth

Email Address

Home Phone

Cell Phone

Office Phone

Fax

Mailing Address

City

State

Zip Code

