

This Concierge Service Patient Membership Agreement (the "Agreement") is entered into between individual whose name appears opposite "Member's Name" below and whose signature appears at the end of this Agreement (Member) and SignatureMD, Inc., a California corporation (SignatureMD), and is effective as of the latter of February 01, 2009 and the date appearing opposite the signature of SignatureMD at the end of this Agreement.

1. Member acknowledges that Member has read and accepts the SignatureMD Concierge Services Terms and Conditions (May 19, 2010) which will govern the relationship between Member and SignatureMD pursuant to this Agreement. Such Terms and Conditions are incorporated into and made a part of this Agreement by this reference.
2. Member represents and warrants that the following information regarding Member is accurate at the time submitted to SignatureMD:

1a. MEMBERS NAME		D.O.B		1b. ADDITIONAL SECOND MEMBER		D.O.B.	
		/ /				/ /	
2. MAILING ADDRESS				CITY		STATE	
3a. HOME PHONE		3b. MOBILE		4. E-MAIL ADDRESS			

Designated SignatureMD Program Primary Physician: **Doug Pitman, MD**

3. Member hereby selects the payment terms for the SignatureMD Concierge Services Program checked below:

DEBIT OR CREDIT CARD INSTALLMENTS		DISCOUNTED PREPAID BY DEBIT, CREDIT OR CHECK	
<input type="checkbox"/>	Individual \$2,100 annual [\$525 per quarter]	<input type="checkbox"/>	Individual \$1,900 annual
<input type="checkbox"/>	Couple \$3,600 annual [\$900 per quarter]	<input type="checkbox"/>	Couple \$3,400 annual
<input type="checkbox"/>	Individual \$1,500 half-year [\$375 per quarter]	<input type="checkbox"/>	Individual \$1,300 half-year
<input type="checkbox"/>	Couple \$2,700 half-year [\$675 per quarter]	<input type="checkbox"/>	Couple \$2,500 half-year
<input type="checkbox"/>	N/A	<input type="checkbox"/>	Scholarship \$1,100 annual
<input type="checkbox"/>	Total Amount \$ _____ per quarter	<input type="checkbox"/>	Total Amount \$ _____ annual

Contract Notes: _____

Please make all checks payable to SignatureMD, Inc.

4. Member either (i) tenders to Signature MD with this Agreement the annual fee for the Program selected by Member or (ii) hereby authorizes SignatureMD payable in advance to Member's:

CREDIT/DEBIT CAR	<input type="checkbox"/> Visa	<input type="checkbox"/> MC	<input type="checkbox"/> Discover	<input type="checkbox"/> AMEX	CARDHOLDER NAME		
CARD NUMBER					EXPIRATION		CC ZIP CODE

X _____
 Member Signature

By _____
 SignatureMD, Inc.

 Date

 Date