SignatureMD Concierge Services
Patient Membership Agreement

SignatureMD
Human. Health. Care.

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 Signature MD, Inc., a California corporation (SignatureMD), and is effective as of the latter of October 16, 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.
	/ /		/ /
1c. ADDITIONAL THIRD MEMBER	D.O.B.	1d. ADDITIONAL FOURTH MEMBER	D.O.B.
	/ /		/ /

2. MAILING ADDRESS	CITY	STATE	ZIP CODE

3a. HOME PHONE	3b. OFFICE	3c. MOBILE	3d. FAX

4. E-MAIL ADDRESS	

Designated SignatureMD Program Primary Physician: **Darcy J. Hansen, MD**

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

	DEBIT OR CREDIT CARD INSTALLMENTS		DISCOUNTED PREPAID BY DEBIT, CREDIT OR CHECK
☐	Individual $1,800 annual [$450 per quarter]	☐	Individual $1,650 annual
☐	Couple $3,300 annual [$825 per quarter]	☐	Couple $3,000.00 annual
☐	Additional (3rd) Adult $1,200 [$300 per quarter]	☐	Additional (3rd) Adult $1,050 annual

Additional Contract Notes: [Doctor's Office Only] _____

4. Member either (i) tenders to Signature MD with this Agreement the annual fee for the Program selected by Member or (ii) hereby authorize SignatureMD to bill one-fourth (1/4) of such annual fee (or $_____) per quarter (3 months) payable in advance to Member's

CREDIT/DEBIT CARD	☐ Visa	☐ MC	☐ Discover	☐ AMEX	NAME			
CARD NUMBER					EXPIRATION		CC ZIP CODE	

X _____
Member Signature

_____
Date

By _____
Signature MD, Inc.

_____
Date