

Subscription Enrollment Form
RATES EFFECTIVE: JANUARY 1, 2021

Please check the appropriate subscription:

	Premium Medical Home Subscription	Annually per person	Annually per couple
<input type="checkbox"/>	Over 60 years of age	\$1100.00	\$2200.00
<input type="checkbox"/>	Over 60 years of age subscribing as couple	\$950.00	\$1900.00
<input type="checkbox"/>	40-59 years of age	\$800.00	\$1600.00
<input type="checkbox"/>	40-59 years of age subscribing as couple.	\$700.00	\$1400.00
<input type="checkbox"/>	Less than 40 years of age	\$500.00	\$1000.00
<input type="checkbox"/>	Less than 40 years of age subscribing as couple.	\$400.00	\$800.00
<input type="checkbox"/>	Child under 26 living in parent subscriber home.	\$200.00	
<i>Please provide the following details:</i>		TOTAL	

Last name: _____ First name: _____ Age: _____

Phone: _____ E-mail address: _____

Mailing address: _____

Name of partner/spouse, if subscribing as a couple:

Last name: _____ First name: _____ Age: _____

Phone: _____ E-mail address: _____

Please complete additional forms if needed for children living in your household.

Payment will be due at the end of your New Patient office visit.

Check **Credit Card: Amex MasterCard Discover Visa** **PayPal available via website**

If you have questions about Premium Medical Home and the PMH Subscription, please visit our website: www.PremiumMedicalHome.com or call the office.

FOR OFFICE USE ONLY:

ACCT: _____ DATE: _____ TKT: _____

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