

**Subscription Enrollment Form
RATES EFFECTIVE AUGUST 1, 2021**

Please check the appropriate subscription:

	Premium Medical Home Subscription	Annually per person	Total
<input type="checkbox"/>	Subscription	\$1600.00	\$1600.00
<input type="checkbox"/>	Subscribers as Couple	\$1300.00	\$2600.00
<input type="checkbox"/>	Child Living at Home < 26 yrs of Age	\$400.00	\$400.00
	TOTAL		

Please provide the following information:

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 and annually. If 30 days late, there will be a charge of \$75.00 late fee added to your subscription charge, no exception.

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

If you have questions about Premium Medical Home and/or the PMH Subscription, please visit our website: www.PremiumMedicalHome.com or call the office at (817) 336-3431

There are no Refunds beyond 30 days of your Subscription

FOR OFFICE USE ONLY:

ACCT: _____ DATE: _____ TKT: _____

ACCT: _____ DATE: _____ TKT: _____