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Subscription Enrollment Form
RATES EFFECTIVE OCTOBER 1, 2017

Please check the appropriate subscription:

	Premium Medical Home Subscription	Annually per person	Total
<input type="checkbox"/>	Over 60 years of age	\$900.00	\$900.00
<input type="checkbox"/>	Over 60 years of age subscribing as couple	\$800.00	\$1600.00
<input type="checkbox"/>	40-59 years of age	\$600.00	\$600.00
<input type="checkbox"/>	40-59 years of age subscribing as couple.	\$400.00	\$800.00
<input type="checkbox"/>	Less than 40 years of age	\$350.00	\$350.00
<input type="checkbox"/>	Less than 40 years of age subscribing as couple.	\$300.00	\$600.00
<input type="checkbox"/>	Child under 26 living in parent subscriber home.	\$100.00	
<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

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: _____
 ACCT: _____ DATE: _____ TKT: _____