

Subscription Enrollment Form
RATES EFFECTIVE NOVEMBER 1, 2020

Please check the appropriate subscription:

	Premium Medical Home Subscription	Annually per person	Total
<input type="checkbox"/>	60 years of age and Over	\$1350.00	\$1350.00
<input type="checkbox"/>	60 years of age and Over Subscribing as Couple	\$1050.00	\$2100.00
<input type="checkbox"/>	45-59 years of age	\$950.00	\$950.00
<input type="checkbox"/>	45-59 years of age Subscribing as Couple.	\$750.00	\$1500.00
<input type="checkbox"/>	Less than 45 years of age	\$600.00	\$600.00
<input type="checkbox"/>	Less than 45 years of age Subscribing as Couple.	\$550.00	\$1100.00
<input type="checkbox"/>	Child under 26 living in Parent Subscriber Home.	\$350.00	\$350.00
<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 and annually. If 30 days late, there will be a charge of \$75.00 late fee added to your subscription charge.

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.

There are no Refunds beyond 30 days of your Subscription

FOR OFFICE USE ONLY:		
ACCT: _____	DATE: _____	TKT: _____
ACCT: _____	DATE: _____	TKT: _____