



New Member Enrollment Form: Schedule A

STEP ONE: New Member Information

Member #1 Name: _____	Member #2 Name: _____
Address: _____	Address: _____
Phone: Home _____ Cell _____	Phone: Home _____ Cell _____
Email: _____	Email: _____

STEP TWO: Select your membership.

Annual Membership

Individual \$2,500 per year

Couple \$4,500 per year

Payment options: (select one)

Please bill my credit card for the entire membership fee.

I will pay my entire membership fee by check.

Annual Membership Paying Monthly

Individual \$232 per month

Couple \$417 per month

Members paying monthly will be charged for the first month's deposit and on the 1st of the month thereafter.

STEP THREE: Payment Information

The Practice is authorized to automatically charge the following credit card for the full amount of your membership fee and any co-payments, co-insurance or deductibles that you are required to pay pursuant to Medicare or the terms of your health or other insurance coverage.

Credit Card Visa MasterCard Amex Discover Debit Charge

Name on Card: _____

Card Number: _____

Expiration Date: _____ Security Code: _____

Billing Address: Same as above or _____

City: _____ State: _____ Zip: _____

Please indicate your acceptance of the terms and conditions of the Scottsdale Premier Care, PLLC Patient Agreement by signing where indicated below.

Signature(s): Member #1 _____ Date: _____

Member #2 _____ Date: _____

For Office Use: Membership Director: _____ New Member Activated: _____ Payment Processed: _____