

Premier Membership Agreement

This Premier Membership Agreement (“Agreement”) between Cesar de Leon, DO, MHA and the undersigned (hereinafter referred to as “Member”) outlines the terms and conditions of the services to be provided to the Member by and through Cesar de Leon, DO, MHA. This Agreement shall become effective as the day initiated on this form and last for one year, unless renewed.

1. Services included in the Annual Premier Membership Fee are as follows:
 - Expanded Annual Physical Examination (not covered by insurance)
 - Same Day Appointments if situation is deemed urgent
 - Appointments within 48 hours
 - Crisis Care Management and Support
 - Prescription and Claims Facilitation and coordination
 - Coordination of Care with Consultants
 - Extended time appointments
 - Appointments on the scheduled time

2. Services included in the Premier Membership but that require additional payment via Medicare, private insurance or out-of pocket are as follows:
 - Office Appointments
 - Any additional tests, examinations
 - Insurance deductibles and copays

The membership fee is in payment for services not covered by your insurance or Medicare provider.

3. Membership Fee, Renewal and Termination
The Membership fee for this Program is nine hundred dollars (\$900) every year, paid yearly. on the first day of the month. For seasonal residents the membership fee for this Program is four hundred and fifty dollars (\$450) for coverage during their stay in Florida, maximum of six months.

This Premier Membership is valid for one (1) year that will automatically renew for consecutive one (1) year terms, unless either party notifies the other party, not less than thirty (30) days prior to the expiration of the then current agreement, of such Member’s desire not to renew.

The Member may terminate this Agreement at any time upon thirty (30) days prior written notice to Dr. de Leon, provided that a terminating Member shall be entitled to a refund of any unused portion of his/her Membership fee. Dr de Leon may terminate this agreement at any time upon thirty (30) days written notice to Member. If Dr de Leon terminates this

agreement for any reason, the Member will be entitled to a prorated refund of his/her annual membership.

4. The entire Premier membership fee is payment for the services outlined in paragraph one of this agreement as described above and is not covered by your insurance or Medicare provider. You and/or your insurer will be financially responsible for paying all the other healthcare and medical care services received from Dr de Leon.

Participation in this membership does not affect co-payments or deductibles that you are required to pay pursuant to the terms of your insurance coverage.

The Member hereby acknowledges and agrees that this Agreement is a service contract and not a contract for insurance. Members must provide Dr. de Leon's office with all insurance information at the time of the first visit.

5. If there is a change in any law, regulation or rule, state or federal, which affects this agreement or the activities of either party under this Agreement, or any changes in the judicial or administrative interpretation of any such law, regulation or rule, and either party reasonable believes in good faith that the changes will have an adverse effect on that party's business operations or its rights or obligations under this Agreement, then that party may, upon written notice, require the other party to enter into good faith negotiations to renegotiate the terms of this Agreement or either party may terminate this Agreement and the Member will be entitled to a prorated refund of his/her annual membership fee.
6. Each of the undersigned Members agrees to the terms of this Premier Membership Agreement, all of which are expressed herein. There are no promises or representations except as set forth herein. By entering into this Agreement with Dr. de Leon, the Member acknowledges and agrees for Dr. de Leon to act as his or her Primary Care physician.

Each Member acknowledges that prior to signing this Agreement they were given ample time and opportunity to ask any questions and get clarity on the meaning of the above Agreement.

PATIENT:

Name: _____

Signature: _____

Date: _____

PHYSICIAN:

Dr.Cesar R. de Leon, DO. MHA.

Date: _____