

Date: _____

First Member

Mr. Mrs. Ms

Second Member

Mr. Mrs. Ms

First Name MI Last Name

First Name MI Last Name

Street Address

Street Address

City State Zip Code

City State Zip Code

Gender: Male Female

Gender Male Female

Social Security No.: _____

Social Security No.: _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Work Phone: _____

Work Phone: _____

Date of Birth: _____

Date of Birth: _____

Email address: _____

Email address: _____

Employer: _____

Employer: _____

Title: _____

Title: _____

Insurance Carrier: _____

Insurance Carrier: _____

Billing: **Individual \$1,500.00 Paid In Full** **Couple \$3,000.00 Paid In Full**

You may pay your per person annual fee with either a check or credit card. Monthly fee payment options are via credit or debit card only. Please make checks payable to Kevin P. Sinai DO

Annual Payment Semi-Annual payment (\$775.00 Every 6 Months) Quarterly payment (\$400.00 per Quarter)

Annual Payment Paid over 3 Months (\$500.00 per Month)

Monthly Payment (\$145 per month – *via credit or debit card only*)

Check Enclosed Visa Mastercard Discover American Express

Name as it appears on Card: _____

Card #: _____

Expiration Date: _____

Billing Zip Code: _____

Please provide a credit card to keep on file even if paying by check, per the Member Terms and Conditions items 5 and 10.

Card Holder Signature: _____

How did you hear about us?

DrSinai.com Dr. Rebecca Sinai LVAC Mailer Friend/Other: _____

Member Signature: _____

Terms & Conditions are accepted, Please initial _____

Second Member Signature: _____

Terms & Conditions are accepted, Please initial _____

MEMBER TERMS AND CONDITIONS AGREEMENT

This Member Agreement (the "Agreement") specifies the terms and conditions under which you, the undersigned Member ("Member"), may participate in the program ("Program") offered by Dr. Kevin P Sinai. This Agreement will become effective either on the date Dr. Sinai commences the Program or the date of your signature on this agreement, whichever is the later (the "Effective Date").

1. **Program.** The Program's annual fee encompasses the following services ("Services"):
 - Annual Personalized Care Physical Examination, including comprehensive Wellness Planning Based on the Examination
 - Personal Health Record available on a DVD, PDF file folder, or email file folder packet, online.
 - Managed referrals
 - Team program outreach 24/7 with availability to the Doctor
 - Same or next day appointments on regular operating days with 30 minute appointments
 - Wellness Newsletter and articles by Dr. Kevin P Sinai for enhanced educational awareness by email

Please initial here to indicate acceptance: _____
2. **Annual Member Fee.** You will pay an annual fee of \$1,500 to Dr. Sinai ("Annual Fee") for each year that you elect to participate in the Program in at the beginning of each renewal period. The Program will be limited to 625 Members. Each member must be Active and paid up to date before member can receive services from the Program including but not limited to prescriptions, appointments, and annual physicals. If payment lapses 30 days after due, member will be deemed to be Inactive. If payment lapses 60 days after due member will be deemed to be terminated from program. If member wishes to be reinstated then all past due amounts need to be brought current and if there is still room in the program member may be reinstated at sole discretion of the Program. *Please initial here to indicate acceptance: _____*
3. **Renewals and Termination.** This Agreement has a one year initial term, beginning on the Effective Date ("Initial Term"). The Agreement will automatically renew on each anniversary of the Effective Date for subsequent one year terms (each a "Renewal Term") unless either party gives written notice to the other at least thirty (30) days prior to the expiration of the Initial Term or the Renewal Term that the Agreement will terminate at the end of the present term. Failure to pay the renewal Annual Fee prior to the anniversary of the Effective Date shall result in Termination of your participation in the Program. (For example, if the Effective date is May 1, 2013, then you must renew on or before April 30th, 2014). If you terminate this Agreement for any reason you are not entitled to a refund and your total fee is due in full. Upon Dr. Sinai's receipt of this Agreement and the Annual Fee, Dr. Sinai shall have the option, in its sole and absolute discretion, not to accept the Agreement and to return your payment to you, (e.g., due to limitation on the number of Members). *Please initial here to indicate acceptance: _____*
4. **Medical Care Services Excluded from Annual Fee.** The Annual Fee specified herein covers only the defined "Services" described in Section 1 above as well as advertised via website and other communication materials. Except for your Annual Personalized Care Physical Examination, you and/or your insurer, as the case may be, will be financially responsible for paying for all health care and medical care services received by you from Dr. Sinai and his or her staff. Dr. Sinai will bill you and/or your insurer, as the case may, be for those health care or medical care services provided to you. The limited practice size also enables Dr. Sinai to provide conveniences such as same or next day appointments that start on time, unhurried visits, 24/7 availability via personal pager or cell phone, and enhanced coordination of specialist care, at no additional charge to you. *Please initial here to indicate acceptance: _____*
5. **Co-Payments.** The Annual Fee does not affect the co-payments, co-insurance or deductibles that you are required to pay pursuant to the terms of your insurance coverage. You will continue to be financially responsible for any co-payments, co-insurance or deductible amounts required by your insurer. For your convenience Dr. Sinai will request to have your credit card on file and will charge the amount of any co-payments, co-insurance or deductibles due if they are not paid at the time of each office visit. *Please initial here to indicate acceptance: _____*
6. **E-mail Communication; Privacy.** If you wish to send e-mail communications to and receive e-mail responses from Dr. Sinai and/or his or her employees, agents and representatives, you should be aware that e-mail is not a secure medium for sending or receiving potentially sensitive personal health information. Although Dr. Sinai will take steps to keep your communications confidential and secure, the confidentiality of e-mail communications cannot be assured or guaranteed. You also acknowledge and understand that e-mail is not a good medium for urgent or time-sensitive communications. In the event a communication is time-sensitive, you must communicate with Dr. Sinai by telephone or in person. You acknowledge and understand that, at the discretion of Dr. Sinai, your e-mail may become part of your medical record.
7. **Entire Agreement.** Each of the undersigned agrees to the terms of this Agreement, all of which are expressed herein. There are no promises or representations except as set forth herein. *Please initial here to indicate acceptance: _____*
8. **Notices.** Any communication required or permitted to be sent under this Agreement shall be in writing and sent via facsimile or via certified mail, return receipt requested, to the addresses set forth below. Any change in address shall be communicated in accordance with the provisions of this section.
9. **Governing Law.** This agreement shall be governed by and construed in accordance with the laws of the State of Nevada.
10. **Billing.** Initial Payments are processed at the time of enrollment. Subsequent payments are charged on the **same day as the initial payment of the month in which payment is due. A credit card on file is required and will be used for any fees 30 days past due.**
Please initial here to indicate acceptance: _____