



VIP Membership Plan Agreement

Member Name: _____

Member Address: _____ Phone: _____

Email Address: _____

You have elected to pay your membership on a monthly basis: (check all that apply)

_____ **Individual Plan \$85/ per month**

_____ **Family Plan \$200/per month**

Initial membership begins on: _____ Initial Term completed on:

After the initial payment, your membership dues will be charged to your credit card or debit card on the 1st day of each month after you signed up and your membership will automatically be renewed until you cancel. Any cancellations-please let us know at least 2 weeks prior.

Benefits includes:

- ***Priority appointment***
- ***Unlimited visits***
- ***No co-payments***
- ***25% discount for all expenses including in-house medications, procedures, tests and/or medical equipment.***

By signing below, I authorize Alameda Acute Care Clinic and Family Medicine to charge the account I have specified.

Monthly fees will be drawn on the same day each month. I understand that Alameda Acute Care Clinic and Family

Medicine may continue to charge my account with the terms and conditions of this agreement. Additionally I authorize Alameda Acute Care Clinic and Family Medicine to charge my credit card on file in lieu of presenting it for any services received, at my request.

It is agreed by you, the undersigned, and Alameda Acute Care Clinic and Family Medicine, that you are purchasing a monthly membership from Alameda Acute Care Clinic and Family Medicine according to the terms of this agreement and the current business policies. You agree to pay for the membership according to the payment schedule above. Your signature below indicates your agreement to be bound by the terms, conditions, rules and regulations of this agreement. All the terms and conditions in this agreement. We agree to give you greater than one week notice of any changes to the terms, conditions, rules and regulations of the membership agreement.

YOU ACKNOWLEDGE RECEIVING AND READING A COMPLETED COPY OF THIS AGREEMENT BEFORE SIGNING. YOU UNDERSTAND THAT OUR RULES AND REGULATIONS ARE INCORPORATED INTO THIS AGREEMENT.

Member Signature

Member Printed Name

Date