Appendix 2

Medical Agreement/Enrollment Form

Landmark MD

Annual fees as set out below shall apply to the following Patient(s), who by signing below agree to the terms and conditions of the Landmark MD Medical Agreement Form. (Only applies to individuals who are joining as members)

Patient Name	Date	of Birth (mm/dd/yyyy)	Age		
Mailing Address	ing Address City, State, Zip				
Primary Phone	mary Phone Alternate Phone		Email Address	3	
Spouse name (if appli	cable) Date	of Birth (mm/dd/yyyy)	Age		
Primary Phone Alternate Phone Child(ren) to Whom this Agreement Applies:			Email Address	3	
Child's name (printed)		of Birth (mm/dd/yyyy)	Age		
Child's name (printed) Date	of Birth (mm/dd/yyyy)	Age		
Preferred Payment Annually (Credit/I	Method* Debit CardBank Dr	aft) Monthly (Credit/Debit Care	dBank Dra	ft)
Card Number:		Name on C	ard:		
Exp. Date:	CV Code:	Zip Code:			
Bank Routing Numbe	r:	Account Nu	mber:		
Name on Account:					
All patients must h	ave a credit/debit car	rd on file or bank dra	ıft arrangemen	t to cover the	cost of
		vered by the Agreem			
		Fee Itemization			
Age 40 and over	Primary Member	Spouse/Partner	Child 1	Child 2+	Child 3+
II 1 40	\$75/month	\$75/month	\$25/month	Free**	D **
Under age 40 Annual pre-payme	\$60/month nt discount: 1 month	\$60/month	\$25/month **Family max	\$25/month ximum \$175/r	Free**
	m discount i mont	01 001 1100 1100	I dillij ilid	φ1,0/1	
	and a de la de				
Reinstatement Fee ³		u choose to cancel vo	ur memhershir	o, vou will be	charged a
Reinstatement Fee ^s Should your membo		u choose to cancel yo .g.	ur membership	o, you will be	charged a
Reinstatement Fee [‡] Should your membe reinstatement fee o	ership lapse, or if you f \$240 when rejoinin \$		ur membership	, you will be	charged a
Reinstatement Fee ³ Should your member reinstatement fee of Patient 1 Patient 2	ership lapse, or if you f \$240 when rejoinin \$ \$		ur membership	o, you will be	charged a
Reinstatement Fee ³ Should your membe	ership lapse, or if you f \$240 when rejoinin \$		ur membership	o, you will be	charged a

Signature and date: ______

further certify that I have received a copy of this form.