

Jupiter Concierge Family Practice Membership Agreement

This Membership Agreement (the Agreement) specifies the terms and conditions under which, you, the undersigned member (Member) may participate in the program (Program) offered by Jupiter Concierge Family Practice, PA (Dr. Rosenberg). This Agreement between Dr. Rosenberg and the Member will become effective on the date the Agreement is signed by the Member and payment is received.

I. Program

In exchange for the Membership Fee (as defined below), Dr. Rosenberg agrees to limit the number of members the practice serves to 350 and to provide the following Amenities:

- Personalized Coordinated Wellness Program
- Same Day or Next Day Appointments
- Appointments with minimal or no wait time
- All the time you need with Dr. Rosenberg
- 24/7 contact with Dr. Rosenberg
- Assistance in handling medical needs while traveling
- Appointments for out-of-town guests in need of unexpected care.

The Member acknowledges that these Amenities are not covered by insurance and are not reimbursable by Member's insurer or other health plan.

II. Annual Membership Fee

There will be a membership fee of \$2,000 for each year the Member participates in the Program. This yearly fee is due when this Agreement is signed by the Member and all subsequent yearly fees are due before the anniversary of the Agreement's effective date unless prior alternate arrangements have been made in writing.

III. Renewals and Termination

The Annual Membership Fee covers a period of one (1) year. Failure to pay the renewal Annual Membership Fee before the expiration of the prior membership period may result in termination of membership.

Jupiter Concierge Family Practice, PA is permitted to terminate this Agreement for any reason with thirty (30) days prior written notice in which case the Member is entitled to a monthly prorated refund of the Annual Membership Fee.

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IV. Health Care Services Excluded from Annual Membership Fee

The Annual Membership Fee covers only the Amenities stated herein. Dr. Rosenberg will also provide family medicine services to the Member. Such medical services will be paid for by the Member and/or the Member's Insurance Carrier and will not be subject to this agreement.

When Dr. Rosenberg is out of town, he is still available by cell phone. Internists and Family physicians will cover his practice when he is unavailable and a patient needs to be physically seen.

V. E-Mail Communication

If the Member wishes to send e-mail communications to and receive e-mail responses from Dr. Rosenberg or his agents or representatives, the Member should be aware that e-mail is not a secure medium for sending or receiving sensitive personal health information. Dr. Rosenberg will take steps to keep your communications confidential and secure. The Member also acknowledges and understands that e-mail is not a good medium for urgent or time-sensitive communications. In the event a communication is time-sensitive, the Member must communicate with Dr. Rosenberg by telephone or in person. The Member acknowledges and understands that, at the discretion of Dr. Rosenberg, e-mail may become part of the Member's permanent medical record.

VI. Miscellaneous

This Agreement may not be assigned without the other party's prior written approval. The parties understand that this Agreement contains the entire Agreement of the parties. Nothing in this Agreement shall be deemed to influence or construed to influence or affect Dr. Rosenberg's independent medical judgment on behalf of the Member.

VII. Change of Law

If there is a change of any state or federal law, regulation, or rule that affects this Agreement or the activities of either party under this Agreement, or any change in the judicial or administrative interpretation of any such law regulation or rule, and either party reasonably believes in good faith that the change will have a substantial adverse effect on that party's 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. If the parties are unable to reach an agreement concerning the modification of this Agreement within the earlier of forty-five (45) days after the date of the notice seeking renegotiation or the effective date of the change, or if the change is effective immediately, then either party may immediately terminate this Agreement by written notice to the other party.

VIII. Governing Law

This Agreement shall be governed by and construed in accordance with the laws of the State of Florida.

Member Information:

Patient _____ Social Security # _____
Last Name First Name

_____ Date of birth _____ Signature _____ Date _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: (_____) _____ E-Mail: _____

Billing Information:

Annual membership fee can be paid with either a check or credit card. Please make checks payable to Jupiter Concierge Family Practice, PA.

Patient Fee:

- \$2,000 check or cash enclosed
- \$500 check with 3 postdated checks for every three months thereafter (enclosed)

- \$2,000 Credit Card Charge
- \$500 Credit Card Charged Quarterly

Card Number: _____

Expiration Date: _____ Billing Zip Code: _____

Name on Card: _____ CID: _____

(Exactly as it appears)

This Agreement accepted on behalf of Jupiter Concierge Family Practice:

By: _____ Name: _____ Date: _____