



Membership Acknowledgement Agreement

This Membership Acknowledgement Agreement is made and entered into as of the date set forth below, next to the signatures, by and between the patient, or guardian of patient, (“Patient”) and Houston Area Pediatric Neurology.

The patient(s) identified below desires unique services and benefits to be provided by Houston Area Pediatric Neurology that are not covered or otherwise not reimbursable under a private health insurance policy or plan, in which Patient is enrolled (the “Membership Benefits and Services”).

In addition to items covered by insurance and expected of any physician, Houston Area Pediatric Neurology agrees to provide to Patient enhanced access to the Physician and to limit patient enrollment in this Membership Benefits and Services.

In consideration of the applicable Membership Benefits and Services, Patient agrees to pay to Physician the following on an annual basis:

<u>Enrolled Patients:</u>	<u>Annual Payment:</u>
One Patient	\$400.00
2 or more Patients	\$600.00

The "Annual Fee" is NOT due on the first patient appointment date nor due on the date this form is signed. The “Annual Fee” is for a 12-month period (“Term”) ending one year from the time of first payment. First payment will be due on the SECOND PATIENT APPOINTMENT visit. The amount is guaranteed for such contract year, but may be increased upon annual renewal. The Annual Fee (or initial installment) is non-refundable and is due on or before each anniversary thereafter as a condition for continuing as a Patient of the Physician.

Patient has financial responsibility to pay for medical services that are provided at regular office visits that are not part of Membership Benefits and Services. The Practice will bill Patient’s insurance for services performed, but Patient shall remain financially responsible for all charges incurred, including applicable deductibles and co-payments required.

Patient acknowledges and understands that Membership Benefits and Services are unique and are provided with certain specific limitations and conditions, as follows:

1. The applicable Membership Benefits and Services are not covered and otherwise not reimbursable under any private health insurance policy or plan in which Patient is enrolled. Accordingly, Patient understands and acknowledges that Membership Benefits and Services

