

**Subscription Enrollment Form**  
**RATES EFFECTIVE MARCH 1, 2018**

***Please check the appropriate subscription:***

	<b>Premium Medical Home Subscription</b>	<b>Annually per person</b>	<b>Total</b>
<input type="checkbox"/>	<b>60 years of age and Over</b>	\$950.00	\$950.00
<input type="checkbox"/>	<b>60 years of age and Over Subscribing as Couple</b>	\$850.00	\$1700.00
<input type="checkbox"/>	<b>45-59 years of age</b>	\$650.00	\$650.00
<input type="checkbox"/>	<b>45-59 years of age Subscribing as Couple.</b>	\$450.00	\$850.00
<input type="checkbox"/>	<b>Less than 45 years of age</b>	\$400.00	\$400.00
<input type="checkbox"/>	<b>Less than 45 years of age Subscribing as Couple.</b>	\$350.00	\$700.00
<input type="checkbox"/>	<b>Child under 26 living in Parent Subscriber Home.</b>	\$150.00	\$150.00
<b><i>Please provide the following details:</i></b>		<b>TOTAL</b>	

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Age: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Name of partner/spouse, if subscribing as a couple:

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Age: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Please complete additional forms if needed for children living in your household.

***Payment will be due at the end of your New Patient office visit and annually. If 30 days late, there will be a charge of \$75.00 late fee added to your subscription charge.***

Check     Credit Card: Amex MasterCard Discover Visa     PayPal available via website

If you have questions about Premium Medical Home and the PMH Subscription, please visit our website: [www.PremiumMedicalHome.com](http://www.PremiumMedicalHome.com) or call the office.

**There are no Refunds beyond 30 days of your Subscription**

**FOR OFFICE USE ONLY:**

ACCT: \_\_\_\_\_ DATE: \_\_\_\_\_ TKT: \_\_\_\_\_

ACCT: \_\_\_\_\_ DATE: \_\_\_\_\_ TKT: \_\_\_\_\_