



## **Weight Loss Membership Agreement**

*Please read entirely then sign & initial below*

**Patient Agreement:** This Patient Agreement (the "Agreement") specifies the terms and conditions under which, you, the participating patient ("you" or the "Patient") may participate in the direct primary care medical model ("DPC") offered by Four Points Wellness, PLLC (the "Practice"). This Agreement between the practice and the patient will become effective on the date the agreement is signed by the patient and payment is received, whichever is later, and a copy will be provided to you if requested.

### **Basic Membership:**

Basic Membership Includes Initial Consultation, Biometric Screening and in-depth body analysis, diet counseling, prescription drug management, monthly follow-up appointments, unlimited texts/calls/e-mails as needed during business hours for questions or concerns, accountability and overall health coaching.

**\$129/ Month OR \$99/ Month** \*when added onto DPC Membership

### **Advanced Membership:**

Includes Initial Consultation, Biometric Screening and in-depth body analysis, diet counseling, prescription drug management, monthly follow-up appointments, unlimited texts/calls/e-mails as needed during business hours for questions or concerns, accountability and overall health coaching. Also includes the popular once weekly injectable weight loss medication Semaglutide, administered weekly in the office, and weekly weigh-ins for accountability.

**\$299/ Month OR \$279/ Month** \*when added onto DPC Membership

**Routine Office Hours** are Monday-Friday 9am-5pm. The provider will be available to answer Weight Loss Members calls/texts during these hours.

**Urgent issues** will be handled by the provider for Weight Loss members during the additional times: Monday-Friday 5pm-8pm, Saturday 8am-noon, Sunday 1pm-4pm for an **on-call fee of \$40**

    A **3 month contract** is required with monthly automatic billing for at least the initial 3 months.

    A **30 day notice of cancellation** is required to terminate the billing and service contract. If weight loss membership is cancelled before the initial 3 month period is completed, the first 3 month's membership fees will still be charged as contracted.

**Term, Cancellation and Termination:** The term of this Agreement is from the date of signing for at least 3 months and until it is canceled by the patient or the Practice as set forth below. A 30-day notice is required prior for cancellation. Failure to pay the monthly fee by the 15th calendar day will result in a \$10 late fee. Three late payments may result in termination from the practice. The Practice has the right to terminate this agreement for any cause. A 30-day notice will be given to the patient prior to cancellation.

**Acknowledgement and Agreement**

I opt into the (circle one)    **BASIC**    or    **ADVANCED**    Weight Loss Membership

    I have read the membership agreement

    I agree with the terms listed above

    I understand the regular office hours and urgent care hours along with On Call fee

**Printed Name** \_\_\_\_\_ **DOB** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_