



## **DPC CONTRACT**

### **Direct Primary Care Membership Agreement**

This Direct Primary Care Membership Agreement ("Agreement") is made and entered into by and between \_\_\_\_\_ ("Physician") and \_\_\_\_\_ ("Member") as of \_\_\_\_\_ 202\_\_.

#### **1. Services Provided**

The Physician agrees to provide the following services as part of this membership:

- Routine and preventive care
- Acute care for minor illnesses and injuries
- Chronic disease management
- Telemedicine consultations within 8-24 hours.
- Expedite appointment within 24-72 hours.
- Annual examination
- Annual examination Labs Included yes \_\_\_\_ no \_\_\_\_
- Supplements included yes \_\_\_\_ no \_\_\_\_
- Wellness plan (weight management nutritional plan) Included yes \_\_\_\_ no \_\_\_\_

#### **2. Membership Fees**

- **Individual Membership:** \$\_\_\_\_\_ per month
- Payment due on the [1st/15th] of each month.

Payment methods: [Credit card, ACH, etc.]

- **Family Membership:** \$\_\_\_\_\_ per month (covers \_\_\_\_\_ family members)
- Payment due on the [1st/15th] of each month.

Payment methods: [Credit card, ACH, etc.]

- **Corporate Plans:** \$\_\_\_\_\_ per month, per \_\_\_\_\_ employee members.
- Payment due on the [1st/15th] of each month.

Payment methods: [Credit card, ACH, etc.]

#### **3. Term and Renewal**

- This Agreement begins on \_\_\_\_\_ and will automatically renew on a annual basis unless terminated by either party as outlined below.

#### **4. Cancellation and Termination**

- Member may terminate this Agreement with 30 days' written notice.

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- Physician may terminate the Agreement for reasons such as non-compliance or disruptive behavior.

#### **5. Patient Responsibilities**

- Member agrees to maintain up-to-date health information and follow care plans as prescribed by the Physician.

#### **6. Confidentiality and Privacy**

- This Agreement complies with the Health Insurance Portability and Accountability Act (HIPAA). All medical records will remain confidential, except where required by law.

#### **7. Liability and Disclaimers**

- The Physician is not responsible for emergency care or hospitalization under this Agreement.

#### **8. Signatures**

By signing below, both parties agree to the terms outlined in this Agreement.

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Physician's Name

Physician's Signature

Date

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Patient's Name

Patients Signature

Date