



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.

Physician's Name	Physician's Signature	Date
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Patient's Name	Patients Signature	Date
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