



ANNUAL MEMBERSHIP RENEWAL

BART PRICE, M.D. | PETRA TRAVNICEK, M.D.

Be sure to renew your annual Concierge Membership now by; check, electronic debit or credit card to ensure your membership does not lapse and remains effective. Your renewed Membership Agreement will become effective on the first day of the month following the date of your signature and payment of your membership fee.

Your Physician _____

Your Name _____ DOB _____

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Spouse (if renewing or joining) _____ DOB _____

Signature _____ Date _____

Children (if renewing or joining) _____ DOB _____

_____ DOB _____

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Membership may be paid by check, electronic debit or credit card.

Number of members _____ at \$5,000 per member = total annual: \$ _____

Fee may be paid annually or in installments. Installment plans require a form of automatic payment on file.

Please choose: Annually Semi Annually Quarterly

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Name as it appears on card _____

Card # _____ Expiration Date _____ Code _____

Billing address of this Credit Card, if different than the primary patients address:

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Please make checks payable to Concierge Medical Services, LLC

Complete and mail this form with your check to: Concierge Medical Services, PO Box 7580, Surprise, AZ 85374