CONCIERGE MEDICAL SERVICES
BOARD CERTIFIED INTERNAL MEDICINE

ANNUAL MEMBERSHIP RENEWAL

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 _____

Signature _____ Date _____

Spouse (if renewing or joining) _____ DOB _____

Signature _____ Date _____

Children (if renewing or joining) _____ DOB _____

_____ DOB _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work _____ Cell _____

Spouse Phone (Work) _____ Cell _____

Email _____ Spouse Email _____

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

Total number of memberships being renewed _____.

Multiply the total number of membership renewals by $5,000 per = total annual renewal amount: $_____

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

Please choose: ❑ Annually ❑ Semi Annually ❑ Quarterly

❑ Check Enclosed ❑ Mastercard/Visa ❑ American Express ❑ Discover ❑ Electronic Debit from Checking or Savings (attach a voided check)

Name as it appears on card _____

Card # _____ *Expiration Date* _____ *Code* _____

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

Address _____

City _____ *State* _____ *Zip* _____

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