CUSTOM FAMILY CARE DIRECT CARE MEMBERSHIP AGREEMENT

This Direct Care Membership Agreement ("Agreement") is entered into between Custom Family Care ("Practice") and the undersigned patient ("Member").

MEMBERSHIP FEE

Membership fee is $100 per month per individual.

Membership fees are billed monthly and automatically renewed until cancelled.

MEMBERSHIP BENEFITS

Direct Care Members receive:

• Priority scheduling. • Direct communication with the physician through phone, email, portal messaging, or text when available. • Same-day or next-day appointments when available. • Appointments outside regular office hours when available. • Transparent pricing. • Discounted office procedures, testing, and imaging services. • Personalized care in a small private practice setting.

OFFICE VISITS

Member office visits are $25 per visit.

The Practice will make reasonable efforts to accommodate same-day and urgent appointments whenever possible.

AFTER-HOURS APPOINTMENTS

Members may request appointments outside regular office hours.

Availability depends on physician availability and patient scheduling needs. While not guaranteed, the Practice will make reasonable efforts to provide timely access when possible.

SERVICES NOT INCLUDED

Membership does not include:

• Hospital services. • Emergency room care. • Specialist services. • Surgical procedures. • Prescription medications. • Services provided by other healthcare providers or facilities. • Outside laboratory or imaging services.

NOT INSURANCE

This membership is not health insurance.

Members are encouraged to maintain health insurance coverage for hospitalization, emergency care, specialist care, and major medical expenses.

PAYMENT

Membership fees are due monthly and are non-refundable once the monthly membership period has begun.

TERMINATION

Either party may terminate this Agreement at any time with written notice.

No refunds will be issued for partial membership periods.

PATIENT ACKNOWLEDGMENT

The Member acknowledges that this Agreement is a direct care arrangement and is not health insurance.

Member Name: _____

Signature: _____

Date: _____