

MEMBERSHIP PAYMENT FORM

U.P. North Family Medicine DPC, PLLC



The Registration Fee is \$250.00. U.P. North Family Medicine may choose to waive the initial Registration Fee at our sole discretion.

The monthly fee for full membership depends on the age of the member:

Ages 0-18: \$25/month (requires 1 adult membership)

Ages 19-44: \$75/month

Age 45+: \$95/month

The monthly fee for ala carte membership depends on the age of the member:

Ages 0-18: \$15/month (requires 1 adult membership) + \$10/visit fee

Ages 19-44: \$35/month + \$20/visit fee

Age 45+: \$55/month + \$20/visit fee

Any credit card fees are paid in advance, whether or not the Member contacts U.P. North Family Medicine during the month. The fee schedule may change at any time (but not more than once annually), and with at least sixty (60) days' written notice of fee schedule changes.

The Member has selected the following manner of payment:

☐ ACH monthly from my bank account (preferred)

☐ Monthly charge to my credit card

☐ Payment by check (delivered in person or via U.S. Mail)

☐ Company Plan: _____

The Member must inform U.P. North Family Medicine of any changes to credit/debit card or bank account information. The Member understands that the Registration Fee will apply if this Membership is cancelled, and the Member seeks to re-enroll. Reenrollment may not be available. Member signature below authorizes the payment selected.

Signature: _____

Date: _____