

AzureWave Medical Services, LLC

Concierge Membership Agreement

This Concierge Membership Agreement ("Agreement") is entered into between AzureWave Medical Services, LLC ("Practice") and:

Patient Name: _____
Date of Birth: _____

1. Membership Options & Annual Fees

Option A – Concierge Membership with Participating Insurance:

Annual Fee: \$1,950.00 per year

Eligibility: Patients enrolled in an insurance plan accepted by AzureWave Medical Services, LLC. Insurance-covered services will be billed to the patient's insurance plan in accordance with payer rules.

Option B – Concierge Membership (Self-Pay / Non-Participating Insurance):

Annual Fee: \$2,400.00 per year

Eligibility: Patients not enrolled in an insurance plan accepted by AzureWave Medical Services, LLC.

All covered medical services will be paid directly by the patient unless otherwise arranged.

2. Membership Term

This Agreement is for a fixed twelve (12) month term beginning on the date signed. The full annual membership fee is due prior to the start of services.

3. Automatic Renewal

This Agreement will automatically renew for successive 12-month terms unless written notice of non-renewal is provided at least fourteen (14) days prior to the renewal date. Upon renewal, the annual membership fee will be charged to the card on file at the then-current rate.

4. Non-Refundable Policy

Membership fees are non-refundable once paid.

No partial refunds, prorations, or mid-term cancellations are permitted.

5. Non-Payment & Termination

If the annual membership fee is declined, not authorized, or otherwise unpaid, concierge membership benefits will immediately terminate. The patient will no longer be considered an active concierge member and will not receive concierge-level access or services.

Continuation of care outside the concierge program, if offered, will be at the Practice's discretion and subject to standard office policies.

6. Mandatory Card-on-File Authorization

A valid credit or debit card must be maintained on file for all concierge members. By signing this Agreement, the patient authorizes AzureWave Medical Services, LLC to charge the card on file for the annual membership fee, renewal fees, and any authorized patient balances in accordance with the Financial Policy.

7. Services Included in Membership

Membership includes enhanced access and personalized care, including but not limited to:

- Extended appointment times
- Direct communication access
- Same or next-day appointments when clinically appropriate
- Care coordination
- Preventive care planning

Membership fees cover enhanced access and non-covered services only. Covered medical services will be billed separately to insurance when applicable.

8. Insurance & Medicare Compliance

This membership agreement does not replace insurance coverage and does not cover services reimbursable by insurance or Medicare. Covered services will be billed in accordance with federal and state regulations.

9. Practice Discretion

The Practice reserves the right to decline or terminate membership in accordance with applicable laws and professional standards.

10. Entire Agreement

This Agreement constitutes the entire understanding between the parties regarding concierge membership services.

By signing below, the patient acknowledges understanding and acceptance of all terms.

Patient Signature: _____

Date: _____