



Jeremy Pepper PA-C

**Member Information:**

Member Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Family Members: (1 child included with 1 adult member. 3 children are included with a couple membership ages 16 to 25)**

Spouse: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Initial Term:** This agreement is executed as of, and the initial term shall expire on the following dates:

Effective Date: October 9, 2017 Expiration of Initial Term: October 8, 2018

Single Annual Payment \$1350.00 \_\_\_\_\_ Single Semi-Annual Payment \$700.00 \_\_\_\_\_

Couple's Annual Payment \$2600.00 \_\_\_\_\_ Couple's Semi-Annual Payment \$1350.00 \_\_\_\_\_

**By Check:** # \_\_\_\_\_ \$ \_\_\_\_\_ (payable to Private Practice Direct)

**By Credit Card:** American Express \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ Discover \_\_\_\_\_  
(Pending credit card payments are processed as Stripe)

**Payment Authorization.** By signing below, member authorizes Private Practice Direct to charge member's credit card set forth below for the annual fee as and when due hereunder.

Name as it appears on the Credit Card: \_\_\_\_\_

Billing Address if not the same as above: Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Card #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ CVV Code: \_\_\_\_\_

IN WITNESS WHEREOF, the parties have executed and delivered Patient Membership Agreement as of the date shown below.

**Member:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Private Practice Direct 1090 Cambridge Sq. Suite D Alpharetta GA 30009 844.641.3409