



Healthy Living Community

2020 Membership Agreement

-Renewal Form-

Thank you for being an integral member of Healthy Living Community as we transitioned to our new model of care in 2019. We are excited for you to continue as a member in 2020!

At HLC, we firmly believe that healthy communities grow healthy individuals. We are excited to continually offer not only low-cost holistic care, but opportunities for community involvement and connection through classes, monthly gatherings, and support groups. We are also eager to grow the resources we have available for members such as: low-cost supplements, healthy food offerings, and healing community spaces.

With your membership payment, you are sustaining all the wonderful services Healthy Living Community is able to offer to patients at all income levels.

You have the option to pay your Healthy Living Community membership fee either in monthly installments or as a one-time annual payment. To do this we ask that you provide us with your bank account or credit card information so automatic withdrawals can be made from your account at the agreed upon frequency. We prefer bank account as it keeps our overhead costs lower! You also have the option to make a monthly or one-time donation to our Patient Care Fund at the time of membership agreement to help directly support a fellow community member's appointment costs.

Please note, this form is due before you schedule an appointment with Dr. Kerry in 2020. We will not allow scheduling unless we have an updated Membership Agreement on file. For your convenience, forms can be returned by: mail, in person at the clinic, through the ChARM patient portal, by emailing to pearl@healthylivingfamilymedicine.com or faxing it to 503-376-3790.

Thank you for sustaining Healthy Living Community.

We look forward to what 2020 has to offer in health and growth for our community.

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Name (self) : _____

Email: _____

MEMBERSHIP PAYMENT- Please select one of the following payment options

☐ **Monthly Payments**-Automatically withdrawn from bank or credit card every month

-The minimum monthly membership fee is \$10 per member-

Monthly amount for self: \$ _____

| Monthly amount for family members: | Name | Amount |
|------------------------------------|------|----------|
| | | \$ _____ |
| | | \$ _____ |
| | | \$ _____ |
| | | \$ _____ |
| | | \$ _____ |

Auto Drafts of monthly payments will occur on the 5th of every month. Enter a different withdrawal date if needed: _____

☐ **Annual Payments**- Membership fee paid on one lump sum

-The minimum annual membership fee is \$120 per member

Yearly amount for self: \$ _____

| Annual amount for family members: | Name | Amount |
|-----------------------------------|------|----------|
| | | \$ _____ |
| | | \$ _____ |
| | | \$ _____ |
| | | \$ _____ |
| | | \$ _____ |

PAYMENT INFORMATION- Please select Bank Account or Credit Card

☐ Continue to use current payment method (listed on 2019 membership form)

☐ **Bank Account** (our preferred option to reduce costs to Healthy Living Community)

Bank: _____

Account #: _____ Routing #: _____

Phone #: _____

☐ **Credit Card**

Card #: _____ Expiration date: _____

Name on Card: _____

Address: _____ Zip Code: _____

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OPTIONAL PATIENT CARE FUND DONATION- thank you for supporting our community!

☐

Monthly Payments

Automatically withdrawn from bank or credit card every month

Amount: \$ _____

☐

One-Time

One-time donation from bank or credit card above

Amount: \$ _____

CHECK EACH BOX BELOW

☐

I have reviewed the updated **office policies** online on the Healthy Living Family Medicine website. I understand that by becoming a member, I am agreeing to these policies.

☐

I have read/reviewed the **FAQ sheet** and am aware of what the new Healthy Living Community clinic model entails. I understand that this FAQ may be updated as new questions arise.

☐

I have read/reviewed the attached **Terms and Conditions**. I understand that by becoming a member, I am agreeing to these terms.

☐

By signing this form I understand that I am agreeing to become a member starting the date of signage. I acknowledge that in order to remain a patient of Dr. Kerry's I must re-submit this membership agreement annually, and that by becoming a member I am committing to a full year of membership.

☐

I agree to allow Healthy Living Community to withdraw from my bank account or charge my credit card the amount above with the indicated frequency. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Healthy Living Community in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that Healthy Living Community may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$25 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company so long as the transactions correspond to the terms indicated in this authorization form.

Signature: _____ **Date:** _____