

**The Plan: Jason R. Mercer, M.D., P.A. dba
Signature Healthcare of Volusia**

Office Representative Signature _____

Date _____

**Signature Healthcare of Volusia
Jason R. Mercer, M.D.**

801 Beville Rd., Suite 201

South Daytona, FL 32119

Phone: 386-322-5200 Fax: 386-767-0062

Member (Patient):

Member (Patient) or Representative Signature _____

Date _____

This participation agreement was entered into on _____
between Jason R. Mercer, M.D., P.A. dba Signature Healthcare of
Volusia referred to as "The Practice" and _____
referred to as "The Member".

Payment Method: ☐ Cash ☐ Check ☐ Credit/Debit Card

Payment Schedule: ☐ Quarterly (\$450) ☐ Semi-Annually (\$900) ☐ Annually (\$1,800)

Amount Paid Today: _____

Check/Credit Card #: _____

Card Type: _____ Exp. Date: _____

Billing Address: _____

I authorize Signature Healthcare of Volusia to debit/charge my
account in the amount of _____ by the schedule listed
above. This authorization will remain in effect unless written
notification of cancellation is received.

Member Signature _____

Participation Agreement

What is Signature Healthcare of Volusia?

Signature Healthcare of Volusia is a concierge or membership style medical practice. Concierge medical practices were developed in order to provide patients with a better choice of how they receive their medical care. It is not uncommon for a primary care physician to have 2,500 to 5,000 patients within their panel. Concierge physicians have made a decision to limit their practice to a small number of patients in order to provide personalized quality healthcare. Signature Healthcare will limit it's membership to approximately 300 patients per doctor. In addition, concierge physicians are more readily available to their patients. Many of these physicians provide their home or cell phone numbers to their patients. Their patients have access to same or next day appointments when needed. Appointments with concierge physicians are unhurried and often require little or no waiting in the physicians office.

Conditions of Membership

The member agrees to pay an annual membership fee of \$1,800 to Signature Healthcare of Volusia. The annual membership fee covers a period of one year from the date of payment. The member acknowledges that the annual membership fee covers an annual comprehensive medical history, a physical examination and health assessment. In addition, each member will receive the following benefits of this concierge medical practice:

- 1.) Same or next day appointments.
- 2.) On time appointments.
- 3.) Physician availability 24 hours a day seven days a week.
- 4.) House calls when medically indicated.
- 5.) Assistance with scheduling of medical tests and specialist referrals.

Any costs associated with providing the annual comprehensive medical history, physical examination or health assessment are the responsibility of the practice. Signature Healthcare of Volusia will not seek reimbursement for any of these costs from the member or any third parties.

Each member is responsible for any fees associated with medical care services provided to the member by the practice or affiliated physicians. The practice will submit claims to a member's health insurance carrier when applicable. The member however remains responsible for any applicable insurance co-payments or deductibles required by the member's insurance carrier.

The member understands that failure to pay the annual membership fee to Signature Healthcare of Volusia by the anniversary of the effective date of the participation agreement will result in termination of membership to the plan.

The member or Signature Healthcare of Volusia may terminate this agreement at any time upon 30 days written notice. If the agreement is terminated by the member for any reason, the member is entitled to a partial refund of the annual membership fee. The prorated refund will be calculated by using the time elapsed since execution of this membership agreement being expressed as the fraction of the one year term. This fraction will be multiplied by the total membership fee. In an instance when a member has already received his or her annual comprehensive history and physical examination there will be a minimum charge of \$450 which will not be refunded to the member.

Signature Healthcare of Volusia retains the right, at its sole and absolute discretion, not to accept this agreement and to return it with the membership fee paid by the member.

Signature Healthcare of Volusia and the member both agree to terms of this membership agreement, all of which are expressed herein. There are no promises or representations except as those set forth in this agreement.

Any necessary communication between the two parties pertaining to this agreement shall be done in writing and sent via certified mail, return receipt requested to the addresses set forth below. Each party is responsible for notifying the other of any changes in address in the manner set forth above.

This agreement shall be governed by and construed in accordance to the laws of the State of Florida.