

**Mission Statement: A primary care practice created by its community members that supports the physician with the physician supporting the community in achieving its health and wellness needs.**

### Community Supported Healthcare membership form:

- Annual Integrated comprehensive physical
- Three comprehensive office visits per year\*
- Same day or next day service
- Direct telephone line to Dr. Ashmore's private staff
- Direct afterhours access to Dr. Ashmore for urgent needs
- Internet and email access
- House calls
- Courtesy hospital visits
- Children under 18 of members have no annual fee and just a \$25 office visit charge.

I wish to join Dr. Ashmore in her Community Supported Healthcare practice! I agree to the Terms of Service herein. My name is \_\_\_\_\_, date of birth for verification: \_\_\_/\_\_\_/\_\_\_

I have included a check for the \$900 non-refundable annual membership fee

I wish to make 12 monthly non-refundable installments of \$75 each to my credit card.† My card number is \_\_\_\_\_ Expiration Date of: \_\_\_\_/\_\_\_\_

I wish to make 12 monthly non-refundable installments of \$75 automatically deducted from my checking account. † I have attached a voided check to this form.

\* Office visits in excess of 3 per year are billed at the discounted rate of: Simple 1 problem visit or OMT \$40; simple 2 problem visit \$50; complex 1-2 problem or complex OMT visit \$85; complex visit \$110. I understand that if excessive use of non-office visit telephone time is used, it may be subjected to additional fees at the physician's discretion.

† Insurance claim forms will be provided when the collected balance of membership fee equals or exceeds the claim amount.