



The Concierge Medical Practices of
Lenholt & Schlossberg

Membership Agreement

This Membership Agreement (the Agreement) specifies the terms and conditions under which, you, the undersigned member (Member) may participate in the program (Program) offered by The Medical Practices of Lenholt and Schlossberg, PL (Practice). This Agreement will become effective the later of January 8th 2007 or the date the Agreement is signed by the Member.

I. Program

In exchange for the Membership Fee (as defined below), the Practice agrees to limit the number of members the practice serves to 300 per physician and to provide the following Amenities:

- Personalized Coordinated Wellness Program
- Same Day or Next Day Appointments
- Appointments with minimal or no wait time
- All the time you need with your doctor
- 24/7 contact with your doctor
- Assistance in handling medical needs while traveling

The Member acknowledges that these Amenities are not covered by insurance and are not reimbursable by Member's insurer or other health plan.

II. Annual Membership Fee

The annual membership fee for the Program is \$3,000 per Member. This first year's fee is due when this Agreement is signed by the Member and all subsequent year's fees are due on the anniversary of the Agreement's effective date unless prior alternate arrangements have been made in writing.

III. Renewals and Termination

The Annual Membership Fee covers a period of one (1) year. Failure to pay the renewal Annual Membership Fee before the expiration of the prior membership period may result in termination of membership.

The Practice is permitted to terminate this Agreement for any reason with thirty (30) days prior written notice in which case the Member is entitled to a prorated refund of the Annual Membership Fee.

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IV. Health Care Services Excluded from Annual Membership Fee

The Annual Membership Fee covers only the Amenities stated herein. In the case where health care services excluded from the Annual Membership Fee including but not limited to services ordered by the Practice but provided by a third party, the Member's Insurance Carrier and ultimately the Member will be financially responsible for these charges.

V. E-Mail and Fax Communication

If the Member wishes to send e-mail or communications to and receive e-mail responses from the Practice or their agents or representatives, the Member should be aware that e-mail is not a secure medium for sending or receiving sensitive personal health information. Although the Practice will take steps to keep your communications confidential and secure, the confidentiality of e-mail communications cannot be assured or guaranteed. The Member also acknowledges and understands that e-mail nor fax are good media for urgent or time-sensitive communications. In the event a communication is time-sensitive, the Member must communicate with the Practice by telephone or in person. The Member acknowledges and understands that, at the discretion of the Practice, e-mail or fax communication may become part of the Member's permanent medical record.

VI. Miscellaneous

This Agreement may not be assigned without the other party's prior written approval. The parties understand that this Agreement contains the entire Agreement of the parties. Nothing in this Agreement shall be deemed to influence or construed to influence or affect the independent medical judgment on behalf of the Member of Leonard Schlossberg, MD or Laura Lenholt, MD.

VII. Change of Law

If there is a change of any state or federal law, regulation, or rule that affects this Agreement or the activities of either party under this Agreement, or any change in the judicial or administrative interpretation of any such law regulation or rule, and either party reasonably believes in good faith that the change will have a substantial adverse effect on that party's rights or obligations under this Agreement, then that party may, upon written notice, require the other party to enter into good faith negotiations to renegotiate the terms of this Agreement. If the parties are unable to reach an agreement concerning the modification of this Agreement within the earlier of forty-five (45) days after the date of the notice seeking renegotiation or the effective date of the change, or if the change is effective immediately, then either party may immediately terminate this Agreement by written notice to the other party.

VIII. Governing Law

This Agreement shall be governed by and construed in accordance with the laws of the State of Florida.

Member Information:

First Patient Name: _____ Date of Birth: _____

Signature: _____ Date: _____

Second Patient Name: _____ Date of Birth: _____

Signature: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (____) _____ E-Mail: _____

Preferred Physician:

Leonard A. Schlossberg, MD _____ Laura S. Lenholt, MD _____

Billing Information:

Annual membership fee can be paid with either a check or credit card. Please make checks payable to The Medical Practices of Lenholt & Schlossberg, PL.

Single Member Fee: \$3,000 Couple Fee: \$6,000

Check Enclosed American Express VISA Mastercard

Card Number: _____ CID: _____

Expiration Date: _____ Billing Zip Code: _____ Name on Card: _____

This Agreement accepted on behalf of the Medical Practices of Lenholt and Schlossberg, PL:

By: _____ Name: _____ Date: _____