

Patient Agreement
Roadrunner Elite Health LLC

This is an agreement entered into on _____, 20____, by and between Roadrunner Elite Health LLC, located at 8311 E Bell Rd Suite 206, Phoenix AZ 85032. This agreement is to take place between: Kelly Schultz (DNP) and Deryl Lamb (Physician) in their capacity as agents of Roadrunner Elite Health LLC, and _____, (Patient).

Monthly Membership Pricing:

- **\$85.00** per individual (must be 18 to 64 years of age)
 \$135.00 the 1st month, \$35.00 the 2nd month and \$85.00 per month thereafter.
- **\$100.00** per 65+ Medicare individual (no mobile option)
- **\$150.00** per couple (e.g. husband & wife or parent & child)
- **\$170.00** per family (Parent/s & all children under 26 years of age)
- **\$125.00** per individual (Sagewood Concierge Patients Only) 65+ Medicare

Payment Terms:

Automated billing is charged on the 1st or 5th of every month depending on what the patient chooses during registration. We require a valid debit or credit card on file for automated billing. If a patient prefers to pay in check, then the patient must pay by check before the required due date to avoid a \$15.00 Late fee. If the patient is unable to pay by the due date, we ask that you notify us beforehand. We will try to make reasonable efforts to accommodate your request. Failure to notify us and failure to make a payment may be grounds for membership termination. It is the patient's responsibility to update us if their debit or credit card has changed, to prevent the possibility of declining and getting an additional \$15.00 late fee charged to their account.

Term/Termination

This agreement will commence on the date first written above and will extend monthly thereafter. Notwithstanding the above, both patient and Roadrunner Elite Health LLC shall have the absolute and unconditional right to terminate the agreement, without showing any cause for termination, upon giving either a text, call, or email notice to the other party prior to the automated billing date. Once the membership agreement is terminated the providers of Roadrunner Elite Health LLC are no longer responsible for your health care. If the patient fails to give notice to cancel their membership, they will still be billed every month and will be responsible for charges until the membership is canceled/terminated.

Per discretion of Roadrunner Elite Health LLC, a patient may re-enroll but may be subject to a \$100.00 re enrollment fee.

Patient Name:_____ Servicing Provider: Roadrunner Elite Health LLC

Patient Signature:_____ Provider/Management:_____