

# Kaysville Clinic Direct Care Contract

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Responsible Party: \_\_\_\_\_ Date: \_\_\_\_\_

Above named patient or responsible party enters into a contract with Kaysville Clinic to provide primary health care services and enhanced access (at a reduced rate) for a monthly subscription fee. Monthly subscription fees are as follows:

0-17 years	\$29/mo*
18-65 years	\$49/mo
65 and older	\$69/mo

\*Must have at least one full paying adult membership  
Additional Family Members starting with 6th are free.  
(Fees subject to change without notice)

See **Attachment A** for complete list of Direct Care membership benefits, services covered and reduced fee schedules. See **Attachment B** for services not covered by subscription fee. An initial registration fee of \$75 per patient will apply. This fee may be waived one time for existing Kaysville Clinic patients.

Monthly subscription fee is due before services on the first day of each month. Patient must have valid credit card to become a member. Patient may choose to cancel at any time. Cancellation will be effective on the first day of the following month. Should the patient decide to reinstate his/her membership he/she will be required to paying the initial registration fee again.

This contract will remain in effect for a period of 12 months from the time of signing. Patient will be required to affirm renewal by signing new contract each year.

I have read this contract and agree to its terms.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Responsible Party Signature: \_\_\_\_\_ Date: \_\_\_\_\_

