

CSH Form

Please Read the "All About the CSH" Page First

In order to offer the CSH rates, we need to keep the program easy to manage. Therefore, please keep in mind, we do not do any sort of retroactive billing for cancellations or late sign-up.

The recommended monthly contribution is \$100. The sliding scale is \$50-\$100 per adult.

After 6 months this may be reduced to \$35-\$75 if needed.

Commitment:

This is community supported--please pay at your maximum!

I agree to commit to 6 payments of \$_____ total per month beginning ____/____/____ (the 1st of the next month).

We can provide insurance forms only after an appointment for the amount paid that month.

Optional:

I would like to contribute a few extra dollars per month to support the Medicine Support Fund for seriously ill patients at \$ _____ per month.

(There is no commitment with this option and you can cancel at anytime)

Family Members seeing the doctor TODAY (or already established):

_____ age: _____

_____ age: _____

_____ age: _____

Automatic payments only (two cards required*):

debit or credit card: _____ exp: _____

name on card: _____ address #: _____ zip code: _____

back-up card (required): _____ exp: _____

name on card: _____ address #: _____ zip code: _____

**Due to the number of declined cards and unpaid invoices with the CSH, we now need 2 for sign-up in order to make this a manageable program. Thanks for your cooperation!*

Terms:

Your card will be charged the 1st of each month, and your back-up card will be charged if your primary card fails. The plan will *automatically renew* after 6 months. Please call us prior to your expiration if you need to cancel, since we cannot do refunds if you forget. If you need to cancel mid-way, there is a *\$175 cancellation fee*. After canceling your plan at any time, the cost is *\$175 to rejoin*. Please note that our regular *24-hour cancellation policy* applies to all appointments as well.

I, _____, understand and agree to these terms.

Signed: _____ Date: _____

Thanks for being a supportive community member!