



23480 Park Sorrento | Suite 109A  
Calabasas | CA 91302  
Tel: 818-914-4429  
Fax: 844-882-5036

## PATIENT ENROLLMENT AGREEMENT

WHEREAS, the Physician identified below provides services and benefits to Patient as a concierge pediatric practice and will not seek reimbursement under any private health insurance policy, or any private health plan, or any government program (including but not limited to Medicare or Medicaid) in which the Patient may be enrolled;

WHEREAS, the Patient identified below desires the services and benefits to be provided by Physician as a concierge pediatric practice, and that Patient will be responsible for the full payment of any fees associated with the services and benefits provided by Physician;

WHEREFORE, by signing this Patient Enrollment Agreement, Patient and Physician hereby agree, effective on the date signed by the parties, for valuable consideration, to enter into a contractual relationship for the provision of specified services and benefits as set forth herein.

### A. Benefits and Services

Physician agrees to provide to Patient the Benefits and Services as specified in the Services Schedule, attached hereto as Exhibit A and incorporated herein by reference.

### B. Fees

- (a) Patient agrees to pay Physician the Annual Access Fees, and the fees associated with any benefit and service, as set forth in the Services Schedule, attached hereto as Exhibit A and incorporated herein by reference, which describes the services offered by Physician and their corresponding prices. The initial Annual Access Fee is due upon signing this Agreement and each year thereafter.
- (b) Patient further agrees to comply with all terms and conditions of Physician's Financial Policy, attached hereto as Exhibit B and incorporated herein by reference, which describes the terms and conditions regarding the financial policy of Physician.

### C. Term and Termination

- (a) The term of this Agreement will be one (1) year from the date of execution by both parties ("Term"). This Agreement will automatically renew upon the expiration of the initial Term for successive one (1) year periods unless earlier terminated as set forth below.
- (b) Either party may terminate this Agreement at any time upon at least thirty (30) days' prior written notice.
- (c) Attached hereto as Exhibit C and incorporated herein by reference is the Agreement to Resolve Disputes by Binding Arbitration signed by both Patient, by and through his/her parent or legal guardian if minor, and Calabasas Pediatrics, which describes the terms and conditions for binding arbitration between the parties.

### D. Governing Law

This Agreement shall be governed in all respects, whether as to validity, construction, capacity, performance or otherwise, by the internal laws of the State of California. The place of contracting shall be agreed as Los Angeles County, California.



**CALABASAS PEDIATRICS**  
*by Dr Tanya*

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E. Entire Agreement

This Agreement contains the entire agreement between the parties and supersedes any and all other agreements with respect to this particular subject matter and may be amended only by subsequent written agreement signed by both parties.

F. Severability

If any part of this Agreement is found by a court of competent jurisdiction to be illegal, invalid or unenforceable, the remainder of this Agreement will not be affected thereby; provided, however, that the parties will use good faith efforts to amend the Agreement, if necessary, to maintain their business interests.

By signing below on behalf of Patient as their Parent or Legal Guardian, you represent that you fully understand and freely covenant to accept the rights and obligations under this Patient Enrollment Agreement.

Patient's Name(s): \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Physician Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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**EXHIBIT A  
SERVICES SCHEDULE**

**EXHIBIT B  
FINANCIAL POLICY**

**EXHIBIT C  
AGREEMENT TO RESOLVE DISPUTES  
BY BINDING ARBITRATION**