



## Non-member Agreement for Treatment

This NON-MEMBER AGREEMENT FOR TREATMENT (this “Agreement”) is made this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by and between LEGACY FAMILY HEALTHCARE, LLC, in Indiana limited liability company, located at 308 S Scott St., Warsaw, IN 46580 (the “Practice”) and (the “Patient”).

- 1) Patient acknowledges that a Non-Member visit will incur a visit fee between \$50-180, depending upon complexity. The exact fee will be disclosed at time of service.
- 2) A one-time establishment fee will also be charged with patient’s first visit, in addition to regular office visit fee. If and when the Non-Member decides to change to a Membership status, no additional setup fee will be charged.
- 3) Any laboratory testing including urine samples, blood samples, point of care tests will be at whole sale cost to the patient and payment is due at time of service.
- 4) Payment for any further treatments required, (i.e., wound closure, EKG, etc.) will be due at time of service.
- 5) Any in stock medication required to treat condition(s) will be provided at wholesale cost to the patient (i.e., oral antibiotics, steroids, topical creams, inhalers).

I agree to above terms and conditions.

\_\_\_\_\_  
Non-Member Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Non-Member Signature

\_\_\_\_\_  
Date

Witnessed by \_\_\_\_\_

Date \_\_\_\_\_