FAMILY FIRST URGENT CARE MEMBERSHIP

FAMILYPASS

--- SIMPLE & WORRY-FREE MEDICAL CARE ---

FAMILY MEMBERSHIP

$25.00 Registration Fee

$60/Individual/Month
$100/Family of 2
$150/Family of 3
+$25 ea. Additional member

12-month contract
Additional discount if paid in full

****Certain exclusions may apply, please ask for details.***

FEATURES

Unlimited Visits (Urgent & Primary Care)

X-ray Services

No Insurance/Deductibles
No Co-pays

Discounted Labs

BUSINESS MEMBERSHIP

$100.00 Registration Fee
$45/Employee/Month
$75/Family of 2
$120/Family of 3
+$25 ea. Additional member

12-month contract
Additional discount if paid in full

Family Pass IS NOT a health insurance plan. It is a direct urgent/primary care agreement that provides discounted medical care for an affordable monthly fee. Services include discounted lab work, treatment for common illnesses such as flu and strep throat, procedures such as sutures, wound care and nail treatment, on-site X-rays, some injections, annual exams for men and women, and school physicals. This is not a health insurance but is intended for people without insurance or with high-deductible plans.

CONVENIENT ACCESS: OPEN MON-FRI 8 AM- 8PM, SAT 9AM-5PM

* New Location 2510 S. Loop 336 W Suite 115, Conroe, TX 77304

FAMILY PASS MONTHLY MEMBERSHIP

Name:	DOB:
Name:	DOB:
Name:	DOB:
Name:	DOB:

Membership Family	**Membership Business**	**Type of Payment:**	
☐ Single - $60.00	☐ Single Employee - $45.00	☐ Visa	☐ Discover
☐ Party of 2 - $100	☐ Party of 2- $75.00	☐ Mastercard	☐
☐ Family of 3+ - $150 (+$25 ea. Add)	☐ Family of 3 + -$120 (+$25 ea. Add)	☐ American Express	☐

Credit Card Number:	
Expiration Date:	
Security Code:	
Date of Charge:	

Name of Cardholder:	
Billing Address:	
City, State, Zip:	
Phone:	

I hereby authorize **Family First Urgent Care** to charge my credit card for the FamilyPass Monthly Membership. I will assume full responsibility for the amount to be charge on the designated date listed above. **This is permission is for a 12 monthly membership only and does not provide authorization for any additional charges**. (Laboratory charges will be separate and payable on date of service) I understand if my payment does not process on the designated date, I have agreed to, I will be subject to an early termination fee of $200.00 and my account will be referred to a collection agency. I understand if I break this contract, I will not be able to re-apply for a new membership and **access to Family First Urgent Care, our providers and/or affiliates will be subject to permanent termination**. Expenses incurred by Family First Urgent Care to collect outstanding balances shall be the responsibility of the name of card holder. This notice fulfills our obligation to notify you of the possibility of collection action if your account is not resolved within 30 days.

Signature   Date