



**FAMILY FIRST URGENT CARE MEMBERSHIP**

**FAMILYPASS**

SIMPLE & WORRY-FREE MEDICAL CARE

**FAMILY MEMBERSHIP**  
**\$25.00** Registration Fee  
**\$75/Individual/Month**  
**\$125/Family of 2**  
**\$199/Family of 3**  
+\$25ea. Additional member  
**12-month contract**  
Additional discount if paid in full

FEATURES Unlimited  
Visits  
(Urgent & Primary Care)  
X-ray Services  
No Insurance/Deductibles  
No Co-pays  
Discounted Labs

**BUSINESS MEMBERSHIP**  
**\$100.00** Registration Fee  
**\$50/Employee/Month**  
**\$85/Family of 2**  
**\$150/Family of 3**  
+\$25ea. Additional member  
**12-month contract**  
Additional discount if paid in full

•certain exclusions may apply, please ask for details.

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-SPM

Conroe Location  
2510 S. Loop 336 W Suite 115, Conroe, TX 77304  
Cut & Shoot Location  
14420 HWY 105 East, Suite 104, Cut and Shoot, TX 77306



# Family First-FamilyPass

Visit us @ [FamilyFirstUrgentCareConroe.com](http://FamilyFirstUrgentCareConroe.com)



## Benefits of Our Care

We are open extended weekday hours and on the weekend. Walk-Ins Welcome. Just come right in. .. No appointment is necessary. Our providers are experts in treating many kinds of injuries and illnesses Get In and Out Fast Our name says it all -we specialize in providing excellent care, where we treat you like family.

"One Stop Shop".

We provide a wide array of services so you can get all of the care you need in one place.  
Urgent Care

Our goal is simple -to see you quickly and to treat your injury or illness with the utmost quality and efficiency. You don't need to be a regular patient of ours and you don't need an appointment. When you aren't feeling well, simply come to our office during our convenient hours. Some common issues that we treat:

Colds, Cough, Sinuses, Flu Sore throat, Fever Nausea, Vomiting, Diarrhea Back Pain. Joint Pain, Body Aches Headache, Migraine pain, Dizziness X-ray and initial fracture care EKG evaluation Asthma, Allergies, Breathing treatments Minor Injuries: Cuts, Bruises, Sprains, Strains, Burns, Breaks, Falls Ear infection Urinary tract infection Upset stomach, Heartburn Insect bites, Rashes, Skin infections Cold sores Pink eye, Minor eye injuries Well Visits -Male/  
Female School/Sports Physical

**Family First Urgent Care- Connie Bowlin, NP-C ❖ Kimberly Byrum, FNP-BC ❖ Claire Pollard, NP-C**  
2510 S Loop 336 W Suite 115, Conroe, TX 77304 ❖ 14420 HWY 105 East, Suite 104, Cut and Shoot, TX 77306  
Tel 936 235 2825 ❖ Fax 936 235 2826



**FAMILY PASS MONTHLY MEMBERSHIP**

<b>Name:</b>	DOB:
<b>Name:</b>	DOB:
<b>Name:</b>	DOB:
<b>Name:</b>	DOB:

- |   |   |  |
|---|---|--|
| <b>Membership Family</b><br><input type="checkbox"/> Single -\$75.00<br><input type="checkbox"/> Party of 2 -\$125<br><input type="checkbox"/> DFamily of 3+ -\$199 (+\$25 ea. Add) | <b>Membership Business</b><br><input type="checkbox"/> Single Employee -\$50.00<br><input type="checkbox"/> Party of 2-\$85.00<br><input type="checkbox"/> Family of 3 + -\$150 (+\$25 ea. Add) | <b>Type of Payment:</b><br><input type="checkbox"/> Visa<br><input type="checkbox"/> Mastercard<br><input type="checkbox"/> American Express<br><input type="checkbox"/> DDiscover |
|---|---|--|

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

Name of Card holder:	
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 \_\_\_\_\_