

PATIENT AGREEMENT
SCOTT TONG, MD, INC., DBA SOUTH BAY CONCIERGE MEDICINE

PLEASE COMPLETE & RETURN OR CALL SPECIALDOCS CONSULTANTS TO ENROLL VIA PHONE (424) 337-1780
ENROLLMENT IS ON A FIRST-COME, FIRST-SERVED BASIS.

I have engaged Scott Tong, MD, Inc., dba South Bay Concierge Medicine, to provide non-covered primary care services and other amenities and benefits to me for a period of 1-year beginning on February 5, 2019, and understand that a yearly membership fee is assessed to pay for these non-covered services, amenities and benefits. As used in this Agreement, the term "Service Year" refers to the 1-year period beginning on February 5, 2019, as well as every 1-year period thereafter.

- FOR PATIENT MEMBERSHIP DURING THE SERVICE YEAR, I AGREE TO PAY SCOTT TONG, MD, INC.:
\$2,200/year = Individual
\$3,960/year = Couple
No charge for children of member ages 18 up to 26. Please list child/children's name and DOB on the reverse side.
Note: Children ages 6 up to 18 will not be listed as members of my practice, however, I will see them on a case-by-case basis in the event that their pediatrician is unavailable.

- METHOD OF PAYMENT:
Personal check enclosed. Please make check payable to Scott Tong, MD, Inc.
(Full annual payment only) Check Number Amount
Credit Card MasterCard Visa Discover American Express
I will pay annually. I understand the full annual fee will be charged upon receipt of this form and the full annual fee will be charged automatically at 12 month intervals, continually, beginning February 5, 2020.
I will pay semiannually. I understand one-half of the annual fee will be charged upon receipt of this form and one-half will be charged automatically at 6 month intervals, continually, beginning August 5, 2019.
I will pay quarterly. I understand one-quarter of the annual fee will be charged upon receipt of this form and one-quarter will be charged automatically at 3 month intervals, continually, beginning May 5, 2019.

I authorize Scott Tong, MD, Inc. to automatically charge my credit card the amount(s) indicated above:

Cardholder Signature / Card # / Exp. Date / Security Code
Cardholder Billing Address / Zip Code / Cardholder Cell Phone Number

PATIENT(S): Sign and Print Name(s) (Additional Names May be Indicated on Reverse Side)

This Agreement is for non-covered primary care services and other amenities and benefits as described in the Highlights & Details document. I have read and understand this Agreement as well as the Highlights & Details (H&Ds) and Frequently Asked Questions (FAQs) materials provided to me by Scott Tong, MD, Inc. I understand that this Agreement can be terminated upon 30 days written notice. If the agreement is terminated, I may receive a refund of the pro-rated portion of the paid annual fee, based on the number of days that have elapsed in the Service Year, to be determined by Scott Tong, MD, Inc., on a case-by-case basis. Such refund will be paid to me within 30 days after termination. This Agreement will automatically renew for subsequent Service Years under the same payment terms unless I notify Scott Tong, MD, Inc. otherwise (or Scott Tong, MD, Inc. notifies me) within 30 days of the next payment due date.

Signature (Patient #1) / Printed Name / D.O.B. / M F
Signature (Patient #2) / Printed Name / D.O.B. / M F
Email (Patient #1) / Email (Patient #2)
Home Address (if different from billing address) / Zip Code / Daytime or Cell Phone Number
Tear Here

PATIENT DECLINATION

I have chosen not to join Dr. Tong's new concierge medical practice and understand that my records will remain at Torrance Memorial Hospital. If I opt to select a physician outside of Torrance Memorial Hospital, I will contact Torrance Memorial Hospital to have my records transferred to my new physician.

PATIENT(S): (Additional Names May be Indicated on Reverse Side)

Signature / Printed Name / D.O.B.
Signature / Printed Name / D.O.B.

If you have further questions, please call our Patient Information Line (424) 337-1780. We will be happy to assist you.

PATIENTS (cont'd)

<div></div> <div>Printed Name</div>	/	<div></div> <div>D.O.B.</div>	/	<div><input type="checkbox"/>M</div>	<div><input type="checkbox"/>F</div>	Sex
<div></div> <div>Printed Name</div>	/	<div></div> <div>D.O.B.</div>	/	<div><input type="checkbox"/>M</div>	<div><input type="checkbox"/>F</div>	Sex
<div></div> <div>Printed Name</div>	/	<div></div> <div>D.O.B.</div>	/	<div><input type="checkbox"/>M</div>	<div><input type="checkbox"/>F</div>	Sex
<div></div> <div>Printed Name</div>	/	<div></div> <div>D.O.B.</div>	/	<div><input type="checkbox"/>M</div>	<div><input type="checkbox"/>F</div>	Sex