



URGENT CARE AND REHABILITATION

Stat-Club Annual Membership **Registration Form**

Last Name	First Name	Middle Initial
Address		
City	State	Zip
Home Phone	Work Phone	Mobile/Other
Date of Birth		

If Spouse or Dependent Child please indicate the Primary Member:

Primary Member Name: _____

Primary Member Date of Birth: _____

Stat-Club Membership Level	Cost	
Primary Member	\$50	
Spouse	\$15	
Dependent Child under 18 or full time student	\$15	

Amount Paid _____ **Form of Payment:** **Cash** **Check** **Credit Card**

By signing this form the "Stat-Club" member agrees to the following terms (please initial):

- Payment for services required at the time they are provided.
- Membership cannot be combined with health insurance.
- Membership is non-refundable
- Membership in the program ends if you obtain insurance coverage.
- Membership cannot be transferred.
- Not valid for school physicals or Occupational Health Services
- Lab and x-ray services provided by an outside provider will be not be discounted and are billed separately by the providing organization.
- This membership is valid for one (1) year from the date below.

Member Signature Date

StatClinix Staff Signature Date

Original to Chart

Copy to Patient

Copy to PracticeMax