

James J. Biemer, Jr., MD, FACP

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503-384-0316 phone 503-416-8145 fax

Enrollment Form

| | | | |
|---------------------------|---------|----|-------------------|
| Rates: | Annual: | or | Monthly Payments: |
| Individual | \$720 | | \$60 |
| Couple | \$1350 | | \$112.50 |
| Additional family members | \$444 | | \$37 |

Patient Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

List Additional Patients Included in Program: _____

Select one of the following payment options:

- Monthly payments** may be paid **ONLY** by automatic credit/debit card withdrawal or automatic bank transfer. Please automatically debit my account for the amount of _____ on the 5th / 15th / 25th of each month. I authorize James J. Biemer MD, PC to make the above charges with my indicated payment method _____
- Annual payment** may be made by cash, check, bank transfer, or credit/debit card. Please bill me annually.

I understand that my annual fee pays for services outside of those typically covered by insurance. I understand that this fee is not a substitute for insurance. I understand that this annual fee does not cover or apply to my office care which is billed to my insurance, in accordance with a contractual agreement between insurer and Dr. Biemer. I understand that my concierge fee may not be used to cover co-pays, deductibles, or insurance balances. This agreement can be terminated by myself or by Dr. Biemer at any time. Any unused portion of the annual concierge fee will be promptly refunded on a prorated basis if I decide to leave the practice.

Signature: _____ Date: _____



Credit /Debit Card Information (we accept Visa, MC, AMEX & Discover) for monthly payment, or to make initial annual payment.

Cardholder name: _____

Card Number: _____

Expiration Date: ____/____ CVV (security code): _____

OR Bank Transfer Information

Account Holder: _____

Account Number: _____ Routing Number: _____

- Consumer checking
- Business checking
- Consumer savings
- Business savings