

MODERNMED

PATIENT ENROLLMENT FORM (Each patient must complete a separate form)

STEP 1 * All fields are mandatory and must be completed	Your Physician*			
	Member Name*	Date of Birth*		
	Email Address* (required for patient portal)			
	Mailing Address* & Phone*			
STEP 2 (If applicable) Check box and list names to ensure correct discount applies	Enrollment Selection Discounts apply for additional family members: 50% off per additional member <input type="checkbox"/> Please check if additional family members are also ModernMed patients, and list names below: _____ _____			
STEP 3 Please: Select one payment plan option & Select one payment method & Fill out information if selecting credit or debit	Payment Plan (please check one) <input type="checkbox"/> Annual - One (1) payment <input type="checkbox"/> Quarterly - Four (4) payments Payment Method (please check one) <input type="checkbox"/> Check enclosed (annual payments only) <input type="checkbox"/> ACH / Auto draft (please include voided check) <input type="checkbox"/> Credit card (please circle one): VISA / MC / Discover / Amex / Care Credit Card <input type="checkbox"/> Debit card (auto payments deducted within 10 days of the due date)			
	Card Holder's Name			
	Credit Card #	Exp. Date	CCV	
	Billing Address (must enter zip code)			
	Card Holder's Signature			
STEP 4 Signature/s required	Printed Patient Name	Signature	Date	
	Printed Parent Name (if above is a minor)	Signature	Date	
By submitting form of payment or payment information all patients and parents, if applicable, listed on Enrollment Form agree to terms and conditions of agreement. An adult signature is required on behalf of minors.				
Office Use Only	<input type="checkbox"/>	NetSuite Record Updated	<input type="checkbox"/>	Enrollment form attached to NetSuite
	<input type="checkbox"/>	Billing Setup	<input type="checkbox"/>	Welcome Packet Sent
	<input type="checkbox"/>	Patient Portal Activated	<input type="checkbox"/>	Customer Number: _____