

****Please, select your Membership and Sign the agreement at the end of the document****

Membership Type:

Individual Basic - \$ 300.00

Individual Basic Plus - \$ 350.00

Individual Premium - \$ 375.00

Individual All- Inclusive - \$525.00

Family Basic - \$ 450.00

Family Basic Plus - \$ 600.00

Family Premium - \$ 650.00

Family All- Inclusive - \$ 850.00

- See below for membership details.

About Your Payment

Membership: You can make a one time full payment of the membership that best feeds your needs, or choose an in house finance for 6 months, plus a downpayment. All payments are processed the 1st of each month, your down payment will cover the month in which that payment was processed, on the first of the following month your account will be charged for that current month and so on. You can always add unlimited consultation to your membership that can be used until your membership expires. Memberships allow you to have access to Mission Clinic membership all year long.

No membership consultation: Valid for one visit on a date selected. When you purchase your single-consultation you will also choose the date of your visit.

Terms and Conditions

MEMBERSHIP PLAN – MEMBER AGREEMENT

Mission Clinic is Committed to offer high quality telemedicine consults to our patients. For all your finance questions our finance department number is 407.569.8494

Patients of Mission Clinic will receive preventive medical exams and telemedicine visits for men, women, and limited consultations for children with high qualified providers of healthcare professionals.

FOR YOUR KNOWLEDGE: MISSION CLINIC MEDICAL PLANS ARE NOT HEALTH INSURANCE.

Plan Levels:

	NO MEMBERSHIP PLANS		INDIVIDUALS MEMBERSHIP PLANS				FAMILY MEMBERSHIP PLANS			
Benefits	Regular Consultations \$59.99 each consult	Regular Consultations + Lab \$125 each consult	Down payment \$100 Individual Basic \$33.33 monthly	Down payment \$100 Individual Basic Plus \$41.66 monthly	Down payment \$100 Individual Premium \$45.83 monthly	Down payment \$100 Individual All-Inclusive \$70.83 monthly	Down payment \$200 Family Basic \$41.66 monthly	Down payment \$200 Family Basic Plus \$66.66 monthly	Down payment \$200 Family Premium \$75 monthly	Down payment \$200 Family All- Inclusive \$108.33 monthly
Annual Check-up	N/A	1 CMP/TSH/LIP ID Panel/CVC w/ PLT	1	1	1	1	2	2	2	2
Consultations with Lab	N/A	N/A	N/A	N/A	3 CMP/TSH/L IPID Panel/CVC w/ PLT	3 CMP/TSH/LI PID Panel/CVC w/ PLT	N/A	N/A	6 CMP/TSH/LI PID Panel/CVC w/ PLT	6 CMP/TSH/LIPI D Panel/CVC w/ PLT

Consultations (Numbers of Doctor conferences)	1	1	4	8	1	4	4	8	Included with the labs	4
Follow up visits	N/A	1 Phone Follow up w/ a nurse	N/A	N/A	3 Phones Follow up w/ a nurse	3 Phones Follow up w/ a nurse	N/A	N/A	6 Phones Follow up w/ a nurse	6 Phones Follow up w/ a nurse
Prescription discount Discounts	N/A	N/A	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Lab Discount	N/A	N/A	20%	20%	20%	20%	20%	20%	20%	20%

*** Members can add unlimited consultations at \$49.99 each.

*** Family membership plans can add another member with an extra annual check for \$100, which can be added to your monthly annual plan.

(*) Types of preventive exams

Male Check-up (Preventive Exams): CBC - Complete Blood Count, CMP - Complete Metabolic Panel, Lipid panel, TSH - Thyroid Stimulating Hormone, HEMOGLOBIN A1C, urinalysis, including Follow-Up Call Within 7 Days.

Female Check-up (Preventive Exams): CBC - Complete Blood Count, CMP - Complete Metabolic Panel, Lipid panel, TSH - Thyroid Stimulating Hormone, HEMOGLOBIN A1C, urinalysis, including Follow-Up Call Within 7 Days.

Young Check-up (Preventive Exams): CBC - Complete Blood Count, CMP - Complete Metabolic Panel, Lipid panel, TSH - Thyroid Stimulating Hormone, urinalysis, including Follow-Up Call Within 7 Days.

2. LIMITATIONS, EXCLUSIONS, AND EXCEPTIONS

Our membership plan is an annual plan with six (6) monthly payments that include some of the services provided by Mission Clinic. Mission Clinic NOT A HEALTHCARE INSURANCE PLAN. Mission Clinic is not a licensed insurer, broker, government entity, or other healthcare insurance.

- The Membership plan's usage is exclusive to registered members at the time of purchase and cannot be used fully or partially by non-members.
- The first check-up can be used only 30 days after contracting the Membership Plan, in the case of family plans, the other check-ups can be used every 30 days.
- If the plan holder is assisted by any other physician, healthcare provider, or medical office outside of our practice, Mission Clinic will not be responsible for any costs or fees related to such visits. The Plan covers services provided only directly by Mission Clinic.
- If any third-party services or tests are required after consultation under this plan (i.e. X-Ray, ultrasound, CT SCAN, MRI, etc.), such third-party services are the sole financial responsibility of the plan holder as they are not included in our Advantage Membership Plan. Additionally, any services needed by the plan holder at Mission Clinic outside the plan will be billed separately as they will not be part of the plan.
- Discounts cannot be applied to any other discount plan or program. The prices listed for all services provided by Mission Clinic are subject to change without notice.
- We reserve the right to make any medical staff change at any time without notice to the plan holder. Any change within our medical staff is subject to internal regulations without notice and the plan holder acknowledges that Mission Clinic solely decides which medical professional will examine the plan holder during each visit.

3. COMPLAINT PROCEDURES

To file a complaint regarding the use of your VIP Membership Plan, you must submit your formal written complaint by postal mail to: **Mission Clinic PO Box 422265 Kissimmee, FL 34742** or via email to: patientcare@missionclinic.com. Your claim will be analyzed upon confirmation of receipt by Mission Clinic's Compliance Department, which will take the proper actions according to our internal rules and regulations.

4. PAYMENT AND RENEWAL CONDITIONS

By joining our Membership Plan, the plan holder authorizes Mission Clinic to automatically charge the debit or credit card (provided by the plan holder at the time of purchase). Membership plans purchased will cover that month membership, and the following payment will be on the 1st of each month. Membership plans will be automatically renewed for an additional twelve months under the terms and conditions valid at the time of renewal, and under new prices if applicable. If for any reason the patient does not want the Membership plan to be automatically renewed for another 12 months, the patient must send an email to missionclinic.office@gmail.com, requesting automatic renewal not be processed 30 days prior to the end of the membership cycle.

Failure to receive the email within 30 days before completion will indicate patient intent to continue with Membership and guarantee Mission Clinic the right to renew the plan automatically.

5. CANCELLATION POLICY:

Mission Clinic will not accept early termination of the membership plan during the twelve (12) months term.

If an extraordinary event occurs, Mission Clinic will be responsible for reviewing and approving requests for early cancellation, however, the Plan Holder is acquiring a promotional service package and will enjoy a promotional price rate as long as the Plan Holder finishes his/her treatment subject to the terms of this Agreement. If the Plan Holder chooses to terminate this Agreement, before 12 months, the Plan Holder will lose the right to the promotional price rate and shall pay full price for each procedure by the Plan Holder until the time of termination. In addition, the Plan Holder shall pay a termination fee equal to fifteen percent (15%) for each full month of Service Commitment to the term of this Agreement.

6. TERMINATION OF SERVICES

Mission Clinic may terminate this Agreement if the plan holder: i) fails to pay when due to a required payment; ii) fails to show up for (and reschedule) more than 2 appointments, and iii) violates any other obligation under this agreement.

7. MISCELLANEOUS PROVISIONS

- a. **LIMITATION OF LIABILITY.** IN NO EVENT WILL MISSION CLINIC, ITS SUBSIDIARIES AND AFFILIATES, ITS LICENSEES, AND EACH OF THEIR RESPECTIVE DIRECTORS, OFFICERS, EMPLOYEES, AND AGENTS BE LIABLE FOR ANY DIRECT, INDIRECT, SPECIAL, EXEMPLARY, PUNITIVE, INCIDENTAL, OR CONSEQUENTIAL DAMAGES OF ANY KIND, WHETHER BASED IN CONTRACT, TORT OR OTHERWISE, WHICH ARISE OUT OF OR ARE IN ANY WAY CONNECTED WITH THE MEMBERSHIP PLANS, THESE PROGRAM RULES, OR THE COMPANY'S OPERATION OF THE LOYALTY PROGRAM.
- b. **VENUE AND GOVERNING LAW.** Any disputes arising out of or related to this Agreement or these Program Terms and Conditions will be handled individually without any class action and will be governed by, construed, and enforced in accordance with the laws of the State of Florida, United States, without regard to its conflicts of law rules. The exclusive jurisdiction for any claim or action arising out of or relating to the Loyalty Program or the Program Terms and Conditions may be filed only in the state or federal courts located in Orange County, Florida.

- c. WAIVER. A waiver of any breach by the policyholder of this Agreement will not constitute a waiver of any other prior or subsequent breach of this Agreement. Mission Clinic's failure to insist upon strict compliance with these terms will not be deemed a waiver of any rights or remedies that Mission Clinic may have against the policyholder.
- d. ARBITRATION. Any controversy or claim arising out of or relating to this Agreement or the breach, termination, or validity thereof, shall be settled by binding arbitration administered by the American Arbitration Association ("AAA") and conducted by a sole Arbitrator ("Arbitrator") in accordance with the AAA's Commercial Arbitration Rules ("Rules"). The arbitration shall be governed by the Federal Arbitration Act, 9 U.S.C. §§ 1-16, to the exclusion of state laws inconsistent therewith or that would produce a different result, and judgment on the award rendered by the Arbitrator (the "Award") may be entered by any court having jurisdiction thereof.
- e. SEVERABILITY. Any determination that any provision of this Agreement or any application thereof is invalid, illegal, or unenforceable in any respect in any instance shall not affect the validity, legality, and enforceability of such provision in any other instance, or the validity, legality, or enforceability of any other provision of this Agreement. Neither Party shall assert or claim that this Agreement or any provision hereof is void or voidable if such Party performs under this Agreement without prompt and timely written objection.
- f. ASSIGNMENT. This Agreement cannot be assigned to another party without the express written authorization from Mission Clinic.
- g. ENTIRE AGREEMENT. This Agreement (including any attached schedules, appendices, and/or addenda) constitutes the complete and sole contract between the Parties regarding the subject matter described above and supersedes any and all prior or contemporaneous oral or written representations, communications, proposals, or agreements not expressly included in this Agreement and may not be contradicted or varied by evidence of prior, contemporaneous or subsequent oral representations, communications, proposals, agreements, prior course of dealings or discussions of the Parties. The Parties understand and agree that this Agreement only applies to the Plans described in this Agreement and, likewise, this Agreement does not and will not supersede any agreement(s) between Company's affiliates and Provider that relates to Company's affiliates' other lines of business that are not the subject of this Agreement (that are not the Plans described in this Agreement).
- h. SIGNATURES. Facsimile and electronic signatures shall be deemed to be original signatures for all purposes of this Agreement.
- i. AMENDMENTS. This Agreement constitutes the entire understanding of the Parties hereto and no changes, amendments or alterations shall be effective unless signed by both parties, except as expressly provided herein.

THIS IS A VALID IN BINDING CONTRACT, BY SIGNING BELOW YOU ARE AGREEING TO THE TERMS AND CONDITIONS OF YOUR CHOSEN PLAN.

AGREEMENT

I have read and agree to the payment method and the terms and conditions

Full Name

Signature

Date

Please send the signed document to patientcare@missionclinic.com