



Membership Agreement

This Membership Agreement (Agreement) specifies the terms and conditions under which, you, the undersigned member (Member) may participate in the program (Program) offered by Ohio Naturopathic, LLC (Dr. Ted Suzelis, ND). This Agreement will become effective on the date the Agreement is signed by the Member.

I. Program

In exchange for the Membership Fee (as defined below), Ohio Naturopathic, LLC and Dr. Ted Suzelis, ND agree to provide the following Services:

- Up to one (1) regular consultation per month.
- Up to two (2) acute consultations per year, limited to 30 minutes, for cold/flu symptoms, allergy symptoms, or laboratory test results.
- 10% discount on supplements purchased at either of Dr. Ted Suzelis, ND's offices.

The Member acknowledges that these Services are not covered by insurance and are not reimbursable by member's insurer or other health plan.

II. Membership Fee

There will be a membership fee of \$59 per month for each adult Member that participates in the Program and \$30.00 per month for each child Member, under the age of 18, with adult Member guardian, or one (1) annual installment of \$600 for adults or \$300.00 for children. If paying membership fee in monthly installments, Member's credit card must be provided for automatic monthly deduction from credit card. First installment is due when this Agreement is signed by the Member.

III. Renewals and Termination

The Agreement covers a period of one (1) year. Failure to provide payments on or before due date(s) or failure to sign a renewal Membership Agreement before the expiration of the prior membership period may result in termination of membership.

Ohio Naturopathic, LLC is permitted to terminate this Agreement for any reason with thirty (30) days prior written notice in which case the Member is entitled to a prorated refund of prepaid membership fees. The Member is permitted to terminate this Agreement for any reason with thirty (30) days prior written notice in which case the Member is required to repay the retail value of all prior consultations during contract period the Member has received from Dr. Ted Suzelis, ND, less VIP Membership Fees already paid to Ohio Naturopathic, LLC. Account must be paid in full before date contract expires. Ohio Naturopathic, LLC reserves the right to charge credit card on file if other payment arrangements cannot be made.

IV. Services Excluded from Annual Membership Fee

The Annual Membership Fee covers only the Services stated herein. In the case where services excluded from the Annual Membership Fee is provided by Dr. Ted Suzelis, ND, the Member will be financially responsible for these charges.

V. Practice of Naturopathic Medicine in Ohio

By signing Agreement, Member acknowledges that Dr. Ted Suzelis, ND is not a Medical Doctor (MD), Osteopathic Doctor (DO), or Chiropractor (DC). Member also acknowledges that Dr. Ted Suzelis, ND holds a naturopathic medical license in the State of Vermont and not in the State of Ohio, because the State of Ohio does not recognize Naturopathic Doctors (ND) at this time. Member also acknowledges that Dr. Ted Suzelis, ND's services cannot be construed as the diagnosis, treatment or cure of any disease that Member may have.

VI. Email Communication

If the Member wishes to send email communications to and received email responses from Dr. Ted Suzelis, ND or his agents or representatives, the Member should be aware that email is not a secure medium for sending or receiving sensitive personal health information. Although Dr. Ted Suzelis, ND will take steps to keep your communications confidential and secure, the confidentiality of email communications cannot be assured or guaranteed. The Member also acknowledges and understands that email is not a good medium for urgent or time sensitive communications. In the event a communication is time-sensitive, the Member must communicate with Dr. Ted Suzelis, ND by telephone or in person. The Member acknowledges and understands that, at the discretion of Dr. Ted Suzelis, ND, email may become part of the Member's permanent medical record.

VII. Miscellaneous

This Agreement may not be assigned without the other party's prior written approval. The parties understand that this Agreement contains the entire Agreement of the parties. Member acknowledges that they are not nor have they ever participated in the investigation or entrapment of a health care practitioner.

Member Information:

| Patient Name | Date of Birth | Signature | Date |
|--------------|---------------|-----------|------|
| | | | |
| | | | |
| | | | |
| | | | |

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Billing Information:

Annual membership fee per adult: \$59/month, or \$600/year
Annual membership fee per child: \$30/month, or \$300/year

Number of Adult Members: _____

Number of Child Members: _____

Membership Fees will be paid (circle one): Monthly Annually

Payment will be made by (circle one): Cash Check Visa Master Card Discover American Express

Card Number: _____ CID: _____

Expiration Date: _____ Billing Zip Code: _____

This Agreement accepted on behalf of Ohio Naturopathic, LLC:

Signed: _____ Date: _____