



Integrative Therapies Wellness Center Membership Agreement

This **Membership Agreement** entered into on _____, 2016, by and between Integrative Therapies, Ltd. located at 7756 Madison St. Suite 8 River Forest, IL 60305 (Practice), Carlos M. Reynes M.D., (Physician) in his capacity as an Agent of Integrative Therapies Ltd., and _____ (Member).

The Physician delivers wellness care on behalf of Integrative Therapies, Ltd., at the address set forth above.

In exchange for certain fees paid by the Member, Integrative Therapies Ltd, through its Physician and staff, agrees to provide health and wellness services and discounts on certain services described in this Agreement.

1. **Member.** A member is defined as those persons for whom the Physician and staff shall provide services.
2. **Services.** As used in this Agreement, the term Services, shall mean services, both holistic medical and non-Medical, which are offered by Integrative Therapies, Ltd.
3. **Terms.** This agreement shall commence on the date agreed to and signed by the parties below and continue until terminated in writing by either party.
4. **Fees.** In exchange for services, member agrees to pay Integrative Therapies, Ltd.:

Yearly Enrollment fee: \$_____ see online for current price at time of enrollment via check, credit card or cash. Fee will automatically renew every 12 months.

Monthly Membership fee: Bronze \$____/month Silver \$____/month Gold \$____/month
See online registration for current membership prices and automatic credit card payment.

5. Informed Consent. Member is aware that Integrative Therapies, Ltd. practice is limited to outpatient consultations and treatments and that he does not manage hospitalized patients. Member consents to such medical treatment and diagnostic procedures as necessary and appropriate for member's condition or illness based on the judgment of the physician(s), to be performed by the physician(s), or other health care providers.

Because this practice looks for imbalances in the body and for trends that may result in illness, if not addressed, tests are sometimes ordered that may not yet be considered "standard of care" in mainstream medicine. These may include tests for nutritional status, such as blood levels of functional vitamin or mineral tests, salivary or blood hormonal levels, stool analysis, or blood tests for allergies. Some of the tests or treatments used by Integrative Therapies, Ltd may not be covered by member's insurance and member will be expected to pay for them at the time of service. Member understands that he/she is entitled to know the cost of these tests or treatments in advance.

Although prescription and over-the-counter medications are used when the physician believes it is necessary, natural options are frequently offered. These include proper diet, exercise and nutritional supplements such as vitamins, minerals, enzymes, amino acids, essential fatty acids, homeopathic remedies and herbs.

Nutritional supplements and other recommended products which have been evaluated are made available but member is not obligated to purchase these products from this office.

Dr. Reynes and his staff make no representations, claims or guarantees that member will be helped with any medical problems or conditions by undergoing treatment here. Payment will be expected for all services, supplements or supplies provided. Member agrees to pay fees for missed appointments.

6. Participation in Insurance. **Member acknowledges that Integrative Therapies, Ltd. does not participate in the Medicare and Medicaid programs or any insurance plans and is considered “out of network”.** Enrollment and membership fees paid under this Agreement may not be covered by your health insurance or other third party payment plans applicable to the member. Medicare participants will be required to sign a private contract with the physician.

7. Insurance or Other Medical Coverage. Member acknowledges and understands that this Agreement is not an insurance plan, and not a substitute for health insurance or other health plan coverage (such as membership in a PPO). It will not cover hospital services, or any services not personally provided by Integrative Therapies, Ltd. or its Physician. Patient acknowledges that Integrative Therapies, Ltd. has advised that member obtain or keep in full force such health insurance policies or plans that will cover member for general healthcare costs. Member acknowledges that this Agreement is not a contract that provides health insurance, and this Agreement is not intended to replace any existing or future health insurance or health plan coverage that member may carry.

8. Term and Termination. This Agreement will commence on the date determined above and will automatically renew annually thereafter. Notwithstanding the above, both Member and Integrative Therapies, Ltd. shall have the absolute and unconditional right to terminate the Agreement, without the showing of any cause for termination, upon giving 30 days prior written notice to the other party.

9. Severability. If for any reason any provision of this Agreement shall be deemed, by a court of competent jurisdiction, to be legally invalid or unenforceable in any jurisdiction to which it applies, the validity of the remainder of the Agreement shall not be affected, and that provision shall be deemed modified to the minimum extent necessary to make that provision consistent with applicable law and in its modified form, and that provision shall then be enforceable.

10. Amendment. No amendment of this Agreement shall be binding on a party unless it is made in writing and signed by all the parties. Notwithstanding the foregoing, Integrative Therapies., Ltd. may unilaterally amend this Agreement to the extent required by federal, state, or local law or regulation (“Applicable Law”) by sending Member a 30 days advance written notice of any such change. Any such changes are incorporated by reference into this Agreement without the need for signature by the parties and are effective as of the date established by Integrative Therapies., Ltd. except that member shall initial any such change at Integrative Therapies., Ltd. request. Moreover, if Applicable Law requires this Agreement to contain provisions that are not expressly set forth in this Agreement, then, to the extent necessary, such provisions shall be incorporated by reference into this Agreement and shall be deemed a part of this Agreement as though they had been expressly set forth in this Agreement.

11. Assignment. This Agreement, and any rights Member may have under it, may not be assigned or transferred by Member.

12. Nondiscrimination. Physician shall not discriminate against any Member because of race, creed, color, religion, age, sex, handicap, or national origin. Physician also agrees to not discriminate against Member due to payment source.

13. Legal Significance. Member acknowledges that this Agreement is a legal document and creates certain rights and responsibilities. Member also acknowledges having had a reasonable time to seek legal advice regarding the Agreement and has either chosen not to do so or has done so and is satisfied with the terms and conditions of the Agreement.

14. Miscellaneous. This Agreement shall be construed without regard to any presumptions or rules requiring construction against the party causing the instrument to be drafted. Captions in this Agreement are used for convenience only and shall not limit, broaden, or qualify the text.

15. Entire Agreement. This Agreement contains the entire agreement between the parties and supersedes all prior oral and written understandings and agreements regarding the subject matter of this Agreement.

16. Jurisdiction. This Agreement shall be governed and construed under the laws of the State of Illinois and all disputes arising out of this Agreement shall be settled by arbitration within proper venue and jurisdiction for Integrative Therapies Ltd., address in River Forest, Il. I have read, understand and agree to the foregoing.

17. I have executed this consent freely and willingly, and understand its provisions. I recognize that Dr. Carlos M. Reynes will rely upon my execution of this document in accepting me as a patient. I acknowledge receipt of a copy of this agreement. All written notices are deemed served if sent to the address of the member as entered below.

Term Start Date: _____

Primary Member Name	Signature	Date
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Member Address	City	State	Zip Code
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Dependent Child Name	Guardian Signature	Relationship	Date
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Carlos M. Reynes, MD	President	Integrative Therapies Ltd.,	Date
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The enrollment fee can be paid with cash, check or credit/debit card.

The monthly membership fee requires a credit or debit card.