

**ENROLLMENT FORM**

**Date of Enrollment**

**PERSONAL INFORMATION**

Full Name Date of Birth

Address

*Street City Zip*

Preferred Phone ❑Cell Phone ❑Home Phone

Phone Number ( ) - Email Address

**PARTICIPATION CONSENT**

I agree to enroll in the My Fibromyalgia program for treatment of fibromyalgia and agree to follow the personalized track that will be established for me. I understand that I am expected to fulfill the requirements of the program which include sessions with our providers, integrative therapies, and specialized workshops. I further understand that if I decide to withdraw from the My Fibromyalgia program that I will not be able to continue treatment for fibromyalgia at Integrative Rheumatology but must transfer care of this condition to another provider. I understand that I must provide written notice in the event that I do want to withdraw from the program and must allow thirty (30) days for transfer of my care and termination of my subscription plan.

Patient Signature

**FINANCIAL AGREEMENT**

To create a comprehensive program design, the My Fibromyalgia program is a cash pay program that requires an initial enrollment fee and a program cost that must be paid prior to starting my sessions. By completing this enrollment form, I agree to the costs outlined below and agree that my credit card will be charged.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *$50*  Enrollment Fee  *\*non-refundable\** |  | Diamond  Concierge Plan |  | Platinum  Concierge Plan |
|  | Includes…  Workshops, coaching & group sessions  Complete program materials  Discounted specialty workshops |  | Includes…  \*\*Scheduled provider visits  Workshops, coaching & group sessions  Complete program materials  Discounted specialty workshops |
|  | ***$299*** |  | ***$599*** |

If I select the Diamond package, I agree that visits with the physician will be billed to insurance and I am responsible for any copay, co-insurance, or deductible that my plan requires. If I select the Platinum package, I agree that provider visits will be included and will not be submitted to insurance. I also understand that membership fees will only cover the costs associated with appointments for fibromyalgia. Any other diagnoses that are managed by providers at Integrative Rheumatology will be submitted to insurance or must be paid for at self-pay rates. I further understand that I must provide written notice in the event that I do want to withdraw from the program and must allow thirty (30) days for termination of my subscription plan.

Patient Signature Date