

AGREEMENT BETWEEN TrueHealingMD
AND _____

I _____ (hereinafter "Patient") agree to participate in TrueHealingMD program (hereinafter "TrueHealingMD") which will provide medical care in addition to wellness care and advice by Dr. Alexander Angelov.

1. The Patient agrees to pay a ***promotional*** sum of one thousand two hundred dollars (\$1,200.00) per year (one hundred dollars (\$100.00) per month) for individual services, two thousand four hundred dollars (\$2,400.00) per year (two hundred dollars (\$200.00) per month) for services for a family of two (2) or more.

\$100.00/mth x 12 mths = \$1,200.00

\$200.00/mth x 12 mths = \$2,400.00

If paid in full for a year, the patient would get a 10% discount to single or family membership and the payment would be equal to \$1,080.00 or \$2,160.00 respectfully (*based on promotional sum*).

Otherwise, the Patient agrees to pay a ***promotional*** sum of three hundred dollars (\$300.00) per year for individual services that include two (2) visits and pays one hundred dollars (\$100.00) for each of any additional visits that already include a fifty-dollar (\$50.00) discount.

In consideration of payment thereof, the TrueHealingMD agrees to provide medical care and wellness programs to Patient. The patient will not be required to make any co-payments or deductibles to TrueHealingMD (even after the promotional period ends).

2. Patient understands that while the standard of care will be different from other primary care physicians in the community. TrueHealingMD incorporates principles of ancient medicine based on the notion of self-

healing of the body in conjunction with allopathic treatment of symptoms as needed. Standard of care of TrueHealingMD also includes wholeness of the body, emotions, mind and spiritual connection.

3. Medical tests will be given and referrals for consultations with medical specialists will be provided when required. Patient will be granted a referral to a specialist only after visit with Dr. Angelov.
4. Lifestyle modification is one of the main principles of the healing process and requires patient's cooperation with TrueHealingMD.
5. In the event that patient needs a conventional medication, it will be prescribed as needed.
6. If Patient is advised or chooses to seek care from a specialist, Patient agrees to execute all required HIPAA forms allowing TrueHealingMD to speak to the specialist, obtain records therefrom and to collaborate on the Patient's course of treatment.
7. Patient agrees to comply fully with health and wellness protocols and programs as directed by TrueHealingMD to achieve state of healing and total health.
8. If Patient is not in compliance with the protocols and programs as directed by TruehealingMD, Patient understands that he/she shall be subject to dismissal from TrueHealingMD programs.

I, the patient, have read the above Agreement on this ____ day of _____, 20____ and understand its terms. Patient has signed it as his/her free act and deed.

Patient Signature

Printed name

Address

Telephone

Email