HICKORY MEDICAL

DIRECT PRIMARY CARE, LLC

Member Registration Form

This form can be completed in paper form or online. It should be completed for each family member. To become a member, in addition to this form, you need to complete a Release of Records Form, the Membership Contract, and the Medicare Private Contract (if Medicare eligible).

Name: _____ Date of Birth: _____

Gender: ☐ Male ☐ Female

Email: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Address: _____

_____

_____

How did you hear about us? _____

Perferred Physician

☒ Kate Wilks, MD ☐ Ryan Kauffman, MD

Membership fee

☐ Adult: $41 joining fee, $41/month membership fee, $20 visit fee

☐ Child (under 18 with parent): $21 joining fee, $21/monthly fee, $20 visit fee

Payment

☐ Automatic payment from bank account (ACH) - include voided check

☐ Credit Card:

☐ Visa ☐ MasterCard

Name: _____

Card Number: _____ Exp: _____

CVC code (from back of card): _____

Signature: _____

When complete, paper form can be faxed to (937) 404-2428 or mailed to Hickory Medical Direct Primary Care, LLC, 208 West Columbus Ave, Bellefontaine, OH 43311