

Primary Care of Orange City

135 E Minnesota Ave

Orange City, FL 32763

386-241-0274

We at Primary Care of Orange City believe all people should have access to healthcare regardless of income, race, or citizenship so we are trying something different. We cannot give a medical insurance plan but what we will do is provide a medical assurance plan. We can assure that you do have access to healthcare for wellness and chronic conditions and some urgent situations at an affordable price. Primary Care of Orange City will be your primary care provider.

We understand the high cost of healthcare and healthcare insurance and we are making a more cost-effective option for all people not able to afford the high cost of healthcare or eligibility for health insurance. Do not wait a few years for hopes of an insurance plan or until Medicare "kicks in" to start caring for your health. Prevention and early intervention are the best treatment for any illness.

Medical Assurance Plan

Primary Care of Orange City is a family practice and will provide care to one member or all members of your family. For the fee of \$65 per person per month with the first and last month \$130 paid on enrollment and \$65 recurring between the 1st and the 5th of each month. The member will receive yearly wellness exams and if needed up to two office visits free of charge each month for healthcare, also unlimited phone calls for medical advice or medication refills. Each additional visit for the month will have a Fee of \$10 per visit. Primary Care of Orange City will maintain the records for and help the member to obtain all recommended health screenings, provide prescriptions and direct the members healthcare.

Primary Care of Orange City will provide needed care for most chronic illnesses such as Diabetes, COPD, Heart Failure, Hypertension, Hyperlipidemia, school, work and sports physicals and many other illnesses. Primary Care of Orange City WILL NOT provide any chronic pain medications.

Primary Care of Orange City will continue to establish reduced fees for the members for various medical procedures, such as bloodwork, radiology services, mammograms, pap smears, colon cancer screenings and medications which will be passed to the member. The member will be responsible for the costs of these procedures or supplies payable to the office providing services.

I agree to the terms and payments listed above and understand that upon nonpayment of monthly fee, I will be disenrolled from the program and at that time further care will be charged at the normal office rates of Primary Care of Orange City.

Name: _____

DOB: _____

Signature: _____

Date: _____

Phone Number: _____

Zip Code : _____

Credit Card # _____

Expiration _____

Sec Code # _____