**MarK
THORnTON, M.D.**
Personal Physician

MARK L. THORNTON, MD, FACP / EXECUDOC, INC.

MEMBERSHIP AGREEMENT

Thank you for joining me in my new practice. We agree to provide services to you both as a patient and a partner in your healthcare in a unique and personalized manner. By agreeing to become a member in Dr. Thornton's practice you become entitled to the following:

- Individualized care in a relaxed setting without undo time constraints
- Same day or next day preferred appointments
- Annual physical exam
- Comprehensive preventative care plan
- Physician available 24/7
- Direct access through voice mail, pager, cell phone, fax and email
- Prescription facilitation
- Coordination of care with specialist
- Referral coordination
- Claims facilitation
- Travel medicine advice

In addition, Dr. Thornton accepts the responsibility of being your Personal Physician. As a member, you have the following responsibilities:

- Provide current and accurate information
- Provide a credit card for fees associated with services provided and/or annual membership fee
- Become a partner in the healthcare services being provided
- Enjoy the benefits of the practice

Annual Fee Schedule for Membership:

- Adult $2,000
- Adult (spouse discount) $1,800
- Youth (under 25 years) $1,000

Membership Fee cannot and does not apply to any deductibles, co-payments, or co-insurance for any insurance, Medicare and Medicaid.

I, _____, agree to become a member of the medical practice of Mark L. Thornton, FACP, and agree to the annual membership fee in return for Dr. Mark L. Thornton becoming my Personal Physician.

EMPOWERING
THE PATIENT

_____

Patient Signature and Date