

**Name of Person Making Change To Contract or Canceling Contract**

Last Name:		First Name:		DOB	
Billing Address			City:	State: TX	Zip:
Phone #1: (    )		__ Work __ Cell __ Home			

**Add a New Member To My Contract**

Name:	Date of Birth:	Relationship:
Name:	Date of Birth:	Relationship:
Name:	Date of Birth:	Relationship:
Name:	Date of Birth:	Relationship:
Signature: _____ Date: _____		

**Remove a Member From My Contract**

Name of member(s) you would like to remove from your contract:

Name:	Date of Birth:	Relationship:
Name:	Date of Birth:	Relationship:
Name:	Date of Birth:	Relationship:
Signature: _____ Date: _____		

**Cancel My Contract**

By canceling your membership contract you are canceling membership for all member currently active on this agreement. If you want to remove a specific member(s) on the contract, please use the section above. After the effective date of elective termination, you will no longer be able to be seen by any Personal MD providers or staff for any medical reason. If you wish to return to Personal MD, you will be required to join an open program being offered by Personal MD Family Healthcare, P.A., which **may not be the same program you are currently enrolled in**. Medical records for any current Personal MD patient can be transferred to your new medical provider at no charge with a signed release form sent to the Personal MD office from the new physician's office. All account balances will need to be paid in full for records to be transferred. If you do not have a new provider already selected, a list of primary care physicians can be found at the website for the Texas Medical Board by the following link - <http://www.tmb.state.tx.us/> website.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only:**

Eclinical Changes:	Date:	Billing Changes:	Date:
Database Changes:	Date:	Medical Records:	Date: