

Gold Country Direct Primary Care, Inc.

Bringing Your Healthcare, Back to You

Membership Plan Application



Membership Plan Application

Name _____ DOB _____

Address _____

Email Address _____ SSN _____

Contact Numbers (Home) _____ (Mobile) _____ (Work) _____

Male Female Single Married

*Patients seen by Dr. Patterson at either Silver Oak Medical Office or the San Andreas MTMC Clinic within the last three (3) years are considered Established.

Requested Start Date: _____

How did you hear about Gold Country D.P.C.? _____

Membership Type

Single Couple (same household) Family (same household)

Payment Schedule

Monthly 6 months Annually

Auto-Recurring Payment Authorization Form

I authorize **Gold Country Direct Primary Care, Inc.** to charge/debit my account on the membership effective date, \$ _____, for the first month of my membership plan and then Monthly/6 Months/Annually recurring payments thereafter of \$_____.

ACH Payment (electronic check): (this is the preferred method and has no service charge)

Bank Checking Account # _____ (please include a voided check)

Bank Routing # _____

Credit/Debit Card info: (a 2.5% service charge will be added onto your bill)

Name on Card _____

Card Number _____

Expiration Date _____ Security Code _____

Cardholders Zip Code _____

Signature _____ Date _____

Additional Member Information

Member #2

Name _____ DOB _____

Address _____

Email Address _____ SSN _____

Contact Numbers _____

Male Female Single Married

Relationship to Member _____

Member #3

Name _____ DOB _____

Address _____

Email Address _____ SSN _____

Contact Numbers _____

Male Female Single Married

Relationship to Member _____

Member #4

Name _____ DOB _____

Address _____

Email Address _____ SSN _____

Contact Numbers _____

Male Female Single Married

Relationship to Member _____

Member #5

Name _____ DOB _____

Address _____

Email Address _____ SSN _____

Contact Numbers _____

Male Female Single Married

Relationship to Member _____

Gold Country Direct Primary Care, Inc. (209) 498-2006 (Office) (209) 498-2120 (Fax)

Member #6

Name _____ DOB _____

Address _____

Email Address _____ SSN _____

Contact Numbers _____

Male Female Single Married

Relationship to Member _____