

We Care Urgent Care Plus MEMBERSHIP

FAMILY PASS

--- SIMPLE & WORRY-
FREE MEDICAL CARE ---

FAMILY MEMBERSHIP

\$25.00 Registration Fee
\$59/Individual/Month
\$99/Family of 2
\$139/Family of 3
\$189/Family of 4
\$229/Family of 5

12-month contract

Additional discount if paid in full

*Certain exclusions may apply, please ask for details.

FEATURES

Unlimited Visits
(Urgent & Primary Care)
X-ray Services
No Insurance/Deductibles
No Co-pays
Discounted Labs

SAVE MORE ON EVERY ADDITIONAL SERVICE

20%

Off labs, imaging &
procedures for all members

Family Pass IS NOT a health insurance plan. It is a direct urgent/primary care agreement that provides discounted medical care for an affordable monthly fee. Services include discounted lab work, treatment for common illnesses such as flu and strep throat, procedures such as sutures, wound care and nail treatment, on-site X-rays, some injections, annual exams for men and women, and school physicals. This is not a health insurance but is intended for people without insurance or with high deductible plans.

CONVENIENT ACCESS: Open 7 Days (Week) 8:00 AM - 8:00 PM

* **Location:** 20212 Champion Forest Dr Suite 100, Spring, TX 77379





FAMILY PASS MONTHLY MEMBERSHIP

Name:	DOB:
Name:	DOB:
Name:	DOB:
Name:	DOB:
Name:	DOB:

Membership Family

- Individual/Month - \$59.00
- Family of 2 - \$99
- Family of 3 - \$139
- Family of 4 - \$189
- Family of 5 - \$229

Type of Payment:

- Visa
- Mastercard
- American Express
- Discover

Credit Card Number:	
Expiration Date:	
Security Code:	
Date of Charge:	

Name of Cardholder:	
Billing Address:	
City, State, Zip:	
Phone:	

I hereby authorize **We Care Urgent Care Plus** to charge my credit card for the FamilyPass Monthly Membership. I will assume full responsibility for the amount to be charge on the designated date listed above. **This permission is for a 12 monthly membership only and does not provide authorization for any additional charges.** (Laboratory charges will be separate and payable on date of service) I understand if my payment does not process on the designated date, I have agreed to, I will be subject to an early termination fee of \$200.00 and my account will be referred to a collection agency. I understand if I break this contract, I will not be able to re-apply for a new membership and **access to We Care Urgent Care Plus, our providers and/or affiliates will be subject to permanent termination.** Expenses incurred by We Care Urgent Care Plus to collect outstanding balances shall be the responsibility of the name of card holder. This notice fulfills our obligation to notify you of the possibility of collection action if your account is not resolved within 30 days.

Signature

Date