



YOU Are Now in Control



Community Concierge™

A YOUniversal Care Healthcare Membership Program

HEALTHCARE YOUR WAY.

Insurance • Cash • Membership • Or Any Combination



No Insurance? High Deductible?

We've Got You Covered.



OFFICE + VIRTUAL MEMBERSHIP

- ☐ 4 Office + 4 Virtual Visits **\$60/mo**
- ☐ 6 Office + 6 Virtual Visits **\$85/mo**
- ☐ 8 Office + 8 Virtual Visits **\$110/mo**



OFFICE VISITS ONLY

- ☐ 4 Office Visits **\$45/mo**
- ☐ 6 Office Visits **\$60/mo**
- ☐ 8 Office Visits **\$75/mo**

EVERY MEMBERSHIP INCLUDES



Household
Sharing



Preventive
Care



Care
Coordination



FREE
My MD Hub
Health Records



Access to
Participating
Providers



Insurance,
Cash, Membership—
or Any Combination



Structured to satisfy the requirements for Direct Primary Care arrangements under Internal Revenue Code §223, as amended by the One Big Beautiful Bill Act. Members should consult their tax advisor regarding individual eligibility.

POWERED BY

PRECISION
HEALTH TECHNOLOGIES

My MD Hub Health Records INCLUDED

- ✓ Secure ✓ Private ✓ Always Accessible
- ✓ Share with Your Provider in Seconds

CMS
APP LIBRARY
APPROVED

CARIN
ALLIANCE
APPROVED



Your Health. Your Choice. Your Control.



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ENROLLMENT & ELECTRONIC SIGNATURE



BEFORE YOU ENROLL

- ☐ This is a 12-month healthcare membership.
- ☐ Monthly payments are a payment option only and do not create a month-to-month agreement.
- ☐ Household members may share included visits when permitted by the participating provider.
- ☐ Community Concierge™ is not health insurance.
- ☐ I may use insurance, cash, membership benefits, or any combination.



MEMBER INFORMATION

Member Name: _____

Email: _____

Date of Birth: _____

Emergency Contact: _____

Address: _____

Preferred Pharmacy: _____

Phone: _____



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- ☐ Create my **FREE** My MD Hub Health Records account
- ☐ I already have a My MD Hub account



ELECTRONIC SIGNATURES

MEMBER ELECTRONIC SIGNATURE

Signature: **SIGN HERE** _____

Printed Name: _____

Date: _____

PROVIDER REPRESENTATIVE SIGNATURE

Signature: **SIGN HERE** _____

Practice Name: _____

Date: _____



Thank you for choosing Community Concierge™.
We look forward to partnering with you for your health and well-being.

