****VIP Maintenance Membership Agreement****

This Membership Agreement ("Agreement") outlines the terms and conditions for your participation in the program ("Program") offered by Ohio Naturopathic Wellness Center and Suzelis Holistic Health (hereinafter referred to as "Dr. Ted"). The Agreement will become effective upon the date of signing by the member ("Member").

****I. Program****
In consideration of the Membership Fee (as defined below), Dr. Ted agrees to provide the following services:

- Up to four (4) regular follow-up consultations per year.
- A 10% discount on supplements purchased at either of Dr. Ted's offices.

The Member acknowledges that these services are not covered by insurance and are not reimbursable by the member's insurer or other health plan.

****II. Membership Fee****
A membership fee of $340 per year will be charged for each Member participating in the Program, due upon signing this Agreement.

****III. Renewals and Termination****
This Agreement covers a one-year period. Failure to make payments on or before the due date(s) or neglecting to sign a renewal Membership Agreement before the prior membership period expires may result in membership termination.

Dr. Ted reserves the right to terminate this Agreement with thirty (30) days' written notice. In such cases, the Member is entitled to a prorated refund of prepaid membership fees. Conversely, the Member can terminate this Agreement with thirty (30) days' written notice. However, termination by the Member requires repayment of the retail value of all consultations received from Dr. Ted during the contract period, minus VIP Membership Fees already paid to Dr. Ted. Outstanding balances must be cleared before the contract expiration date. If necessary, Dr. Ted reserves the right to charge the credit card on file when alternative payment arrangements cannot be established.

****IV. Services Excluded from VIP Maintenance Membership Fee****
The VIP Maintenance Membership Fee covers only the services stated within this Agreement. Should the Member receive services not included in the Annual Membership Fee from Dr. Ted, the Member will bear the financial responsibility for these additional charges.

Effective Date 9/5/2023

V. Practice of Naturopathic Medicine in Ohio

By signing this Agreement, the Member acknowledges that Dr. Ted Suzelis, ND does not hold licenses as a Medical Doctor (MD), Osteopathic Doctor (DO), or Chiropractor (DC). The Member is aware that Dr. Ted Suzelis, ND holds a naturopathic medical license in the State of Vermont and not in Ohio, as Ohio does not presently recognize Naturopathic Doctors (ND). It is further acknowledged that Dr. Ted Suzelis, ND's services cannot be interpreted as the diagnosis, treatment, or cure of any disease the Member may possess.

VI. Email Communication

Should the Member choose to engage in email correspondence with Dr. Ted Suzelis, ND, or his representatives, it is understood that email is not a secure medium for transmitting sensitive personal health information. While efforts will be made to maintain confidentiality and security, email communications cannot be guaranteed. The Member recognizes that email is unsuitable for urgent or time-sensitive matters. In instances requiring swift communication, the Member must use telephone, text, or in-person communication. The Member also understands that, at Dr. Ted's discretion, email correspondence may be incorporated into the Member's permanent medical record.

VII. Miscellaneous

This Agreement may not be assigned without prior written approval from the other party. The parties acknowledge that this Agreement constitutes the complete understanding between them. The Member affirms that they have neither engaged in nor participated in any investigation or entrapment of a healthcare practitioner.

Member Information:

Patient Name: _____
Address:_____
City:_____ State:_____ Zip Code:_____
Phone:_____ Email:_____

Billing Information:

Maintenance membership fee: $340/year
Payment will be made by (circle one): Cash Check Visa MasterCard Discover American Express
Card Number:_____ CID:_____
Expiration Date:_____ Billing Zip Code:_____
This Agreement is accepted on behalf of Dr. Ted:

Signed: _____ Date: _____