Mid-Maryland Internal Medicine
187 Thomas Johnson Dr., Suite 4
Frederick, MD 21702

www.midmarylandinternalmedicine.com

Patient Preferred Payment Method

Please indicate your preferred method of payment. You may change your payment method at any time.

Your Printed Name: _____ Physician: ☐ Afrookteh ☐ Pierce

Payment Amount and Frequency

I would like to enroll in Mid-Maryland Medical Associates as the patient type and on the payment interval indicated below:

Regular member – ☐ $1,800 paid annually, or ☐ $500 paid quarterly

Assisted Living Facility Resident – ☐ $2,000 paid annually, or ☐ $550 paid quarterly

Nursing Facility Resident – ☐ $2,340 paid annually, or ☐ $650 paid quarterly

Child of current members between the ages of 18-26, ☐ $1,000 annually
Parent Member Name: _____

Payment Method

☐ I will pay by check and my initial payment is enclosed. Please bill me for future payments.

☐ I will pay by credit card. I authorize Mid-Maryland Internal Medicine, P.A. to charge the following credit card for this and future payments.

Credit Card Type: ☐ Visa ☐ MasterCard ☐ Discover

Credit Card Number: _____

Security Code: _____ Expiration Date: _____

Name on Card: _____

Billing Address (this is the billing address for your credit card, which may or may not be your home address):

_____

Send Invoices/Receipts: ☐ Regular mail or ☐ Email to: _____

_____
Your Signature Date