

Medical Services Agreement

Agreement Date: [Insert Date]

Parties:

[Provider Name]

[Provider Address]

AND

[Patient/Client Name]

[Patient/Client Address]

1. Purpose of Agreement

This Agreement outlines the medical services to be provided by the Provider to the Patient.

2. Services Provided

The Provider agrees to furnish the following medical services:

- [Service 1]
- [Service 2]
- [Service 3]

3. Fees and Payment

The Patient agrees to pay the Provider a fee of [Insert Fee Amount] for the services rendered.

4. Term and Termination

This Agreement shall commence on the date first written above and shall continue until [Insert Duration] or until terminated by either party with [Insert Notice Period] written notice.

5. Confidentiality

Both parties agree to keep all patient information confidential as required by law.

6. Governing Law

This Agreement shall be governed by the laws of [Insert State/Country].

Signatures

[Provider Name]

Date: _____

[Patient/Client Name]

Date: _____