

Medical Service Agreement

This Medical Service Agreement ("Agreement") is made on [Date] between:

1. [Provider Name], a [State] licensed Primary Care Provider with an address at [Provider Address] ("Provider")
2. [Patient Name], residing at [Patient Address] ("Patient")

1. Services

The Provider agrees to provide primary care services as outlined in this agreement, including but not limited to:

- Health assessments
- Preventive care
- Management of chronic conditions
- Referral to specialists as needed

2. Term

This Agreement will commence on [Start Date] and will continue until terminated by either party with [Notice Period] written notice.

3. Compensation

The Patient agrees to pay the Provider a fee of [Fee Amount] per visit/session, payable at the time of service.

4. Confidentiality

Both parties agree to maintain confidentiality regarding all personal and medical information shared during the service agreement.

5. Governing Law

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

IN WITNESS WHEREOF

Both parties have executed this Medical Service Agreement as of the date first above written.

[Provider Name] - Provider

[Patient Name] - Patient