

**Ramin R. Samadi, M.D., P.A.**  
**Dr. Samadi's Health & Wellness Institute**  
6015 Harris Parkway, Suite 110  
Fort Worth, Texas 76132  
682-385-9148 (telephone)      817-420-9361 (fax)  
[wellness@dr.com](mailto:wellness@dr.com)

**Individual Member Enrollment Form:**

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Enrollment Date: \_\_\_\_\_

Concierge Plan Selected: ( ) Quarterly ( ) Semi-Annual ( ) Annual

\*Minimum 3 months payment in advance required

Payment Method:

Cash: \$\_\_\_\_\_ Check: #\_\_\_\_\_ \$\_\_\_\_\_

Credit Card: #\_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Auto-pay: Credit Card ( )

Bank Account: Bank: \_\_\_\_\_ Routing #: \_\_\_\_\_ Account#: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please either hand deliver, mail or email the completed form to:

**Ramin R. Samadi, M.D., P.A.**  
**6015 Harris Parkway, Suite 110**  
**Fort Worth, Texas 76132**  
**[wellness@dr.com](mailto:wellness@dr.com)**