## PRINCETON LIFESTYLE MEDICINE ENROLLMENT CONTRACT

Please enroll me in the Princeton Lifestyle Medicine Concierge program with:

Name:			
Address:			
Phone:	Email:		
Signature:		Date:	
	t option of your choice: Full of \$2100	uyment is available via	erealt of debte curu.
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Initial payment is due at the time of your first visit with Princeton Lifestyle Medicine. Rates are subject to change in future. We look forward to working with you.

<sup>\*</sup>Each participant agrees that Dr. Kossow, Dr. Sandberg, Dr. Brown, and Dr. Rehor's liability to any participant for noncompliance with any aspect of these Plans shall be limited to the amount of the most recent annual fee paid by the participant. Dr. Kossow, Dr. Sandberg, Dr. Brown, and Dr. Rehor reserve the right to modify these Plans at any time as may be required by law. Dr. Kossow, Dr. Sandberg, Dr. Brown and Dr. Rehor may also terminate these Plans as necessary in their sole discretion at any time, in which event they will return a prorated portion of the annual fee to participants.