

MedLic, LLC

All-Inclusive Doctor or Business Agreement

This All Inclusive Doctor Agreement ("Agreement") is made and effective on _____ by and between MedLic, LLC ("Owner") and _____ ("Recipient").

This signed contract will be used with the intent to add the ("Recipient") to the ("Owner's") nationwide Directory of Doctors which is solely used by Amateur and Professional Athletes ("Athlete") in the boxing, kickboxing and mixed martial arts industry. Athletes are required by all U.S. Territories, North American Tribal Athletic Commissions and Canadian Athletic Commissions to obtain a license in order to compete. The Recipient will be obligated to conduct all necessary exams, tests, procedures and/or forms that are requested by the ("Athlete") in order for them to obtain their competitive license.

As per this agreement:

- ("Owner") will not charge the Recipient any fees to be added to the nationwide directory.
- ("Owner") will not add additional fees on top of submitted price from that doctor's office.
- All listed rates for services rendered by ("Recipient") must be honored at the time of visit by Athlete per in this agreement.
- All fees paid by Athlete will be a cash or credit card only payment at the time of service, unless otherwise noted.
- If, at any time, the ("Recipient") chooses to be removed from the nationwide directory, the Recipient must give 30 days written notice to Owner.
- It is noted that Athletes will ONLY be seen by a licensed M.D. or D.O. unless otherwise stated in this agreement.
- ("Owner") reserves the right that the ("Recipient") must honor the time and date of the athlete's appointment if it was made by Athlete before the written notice was received. ("Owner") will remove ("Recipient") from directory after the 30 days.
- ("Owner") reserves the right to cancel agreement at will due to negligence, improper treatment by ("Recipient") or ("Recipient's") staff; and/or conduct of Athlete.
- If the Athlete consents to his/her medical records to be released to ("Owner"), the ("Recipient") has the choice to have the Athlete sign Recipients Release form and have the Athlete's documents sent to ("Owner"). ("Recipient") will forward all needed medical records to ("Owner") after appointment is complete and release form is signed.

NOTE: Please sign below in Blue ink ONLY, and mail or scan (scanning must be able to show signature in blue ink) original document, along with our questionnaire to MedLic at: 924 Palmhurst Drive, Las Vegas, NV 89145.

Print Doctor Name: _____

Doctor Signature: _____

Business Name: _____

Business Owner's Printed Name: _____

Business Owner Signature: _____

Note: This section only needs to be signed if you are not a doctor's office.

Name of clinic or facility: _____

Date: _____

License #: _____



MedLic, LLC ▪ 924 Palmhurst Drive ▪ Las Vegas, NV 89145 ▪ (702) 238-1414