

All-Inclusive Alternative Medicine & Therapy 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.

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 to the already reduced contracted price.
- All discounted rates that are rendered by ("Recipient") are exclusively for MedLic, LLC only and can not be used or observed by another ("Owner") as stated in this agreement.
- This excludes a ("Recipient") in which the ("Owner") has full knowledge of prior existing discounted services and has agreed to only list his or her existing discounted services in the directory as stated in the signed agreement.
- All discounted rates for services rendered by ("Recipient") must be honored at the time of visit by Athlete per the stated contracted prices 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.
- ("Owner") reserves the right that the ("Recipient") must honor the contracted price if an appointment 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 or not adhering to stated contracted prices in this agreement.
- 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 original document, along with our questionnaire to MedLic at: 924 Palmhurst Drive, Las Vegas, NV 89145.

Print Doctor Name: _____

Doctor Signature: _____

Name of clinic or facility: _____

Date: _____

License #: _____

Permit #: _____

Certificate #: _____



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