
MEDLIC, LLC
ALL INCLUSIVE DOCTOR OR BUSINESS AGREEMENT

This All Inclusive Doctor/Business 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 to 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, LLC at: 924 Palmhurst Drive, Las Vegas, NV 89145.

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.

Print Doctor Name: _____

Doctor Signature: _____

Name of clinic or facility: _____

Date: _____

State & License #: _____



MEDLIC, LLC
RADIOLOGY QUESTIONNAIRE

Please fill out all required information that you would like to added to MedLic's doctor directory.

NOTE: All doctors must be a licensed M.D., D.O.

Name of Doctor: _____ MD: ___ DO: ___

State and License #: _____

Field of Medicine: _____

Please specify if you are Board Certified: Yes: _____ No: _____

Foreign Languages the doctor speaks: _____

Name of Clinic or Facility: _____

Name of Direct Contact: _____

(Main person who MedLic, LLC deals directly with this agreement)

Direct Phone Line: _____

Contact's E-mail: _____

Location #1 information:

Physical Address: _____

Mailing Address: _____

County: _____

Office Number: _____

Name of appointment scheduler: _____

Fax Number: _____

Office E-mail: _____

(NOTE: needed for e-mail confirmations and courtesy updates ONLY.)

Name of Office Manager: _____

Office Manager's direct line: _____

Office Manager's E-mail: _____

Hours of Operation: _____

Non days of operation (Holidays observed): _____

If you have more than one location, please add as many locations as you would like listed in the directory.

Location #2 Information:

Physical Address: _____

Mailing Address: _____

County: _____

Office Number: _____

Name of appointment scheduler: _____

Fax Number: _____

Office E-mail: _____

(NOTE: needed for e-mail confirmations and courtesy updates ONLY.)

Name of Office Manager: _____

Office Manager's direct line: _____

Office Manager's E-mail: _____

Hours of Operation: _____

Non days of operation (Holidays observed): _____

Location #3 Information:

Physical Address: _____

Mailing Address: _____

(Please specify if the same)

County: _____

Office Number: _____

Name of appointment scheduler: _____

Fax Number: _____

Office E-mail: _____

(NOTE: needed for e-mail confirmations and courtesy updates ONLY.)

Name of Office Manager: _____

Office Manager's direct line: _____

Office Manager's E-mail: _____

Hours of Operation: _____

Non days of operation (Holidays observed): _____

Appointments needed? Yes _____ No _____

Walk-ins accepted? Yes _____ No _____

Payment type accepted: Visa ____ MC ____ AE ____ Disc ____ Money Order ____
Cash ____ Personal Checks ____ Cashiers Check ____ Debit Card _____

(NOTE: All discounted rates per MedLic's Agreement will apply, unless the doctor's office chooses to accept the Athlete's personal insurance information. MedLic assumes no responsibility for any outstanding debt the Athlete may incur. **Accepting insurance from an Athlete voids this contract and agreement for current appointment ONLY.)**

➤ Do you need a referral from a doctor or do you have one on file for fighters only?

➤ Please specify if requesting images, the type available:

Film: _____ Disk: _____ Both: _____

These are the different types of tests that a fighter will need to choose from to obtain a license to compete:

MRI of the brain (with contrast): test only \$ _____ test with reading \$ _____

MRI of the brain (without contrast): test only \$ _____ test with reading \$ _____

MRI scan is to be performed on a 1.5 or 3.0 Tesla MR machine with capabilities including fast spin echo and FLAIR imaging. Slice thickness is to be 5mm or less.

Image sequence should include axial T1, T2 and FLAIR images; coronal images should be performed as a T2 coronal through Hippocampus; Coronal Susceptibility Sequence (FFE); and a single sagittal FLAIR.

MRA of the brain: (without contrast): test only \$ _____ test with reading \$ _____

MRA scan is to include left and right internal carotids, vertebral and basilar arteries as well as the Circle of Willis.

MRI & MRA (without contrast) Package Deal for fighters fighting in Nevada: \$ _____

Cat scan of the brain (with contrast): test only \$ _____ test with reading \$ _____

Cat scan of the brain (without contrast): test only \$ _____ test with reading \$ _____

EEG (Brain wave): test only \$ _____ test with reading \$ _____

Chest X-Ray: test only \$ _____ test with reading \$ _____

➤ If the reading is not included and is sent to another facility, please provide the charge:
\$ _____

By signing this document, you are agreeing and allowing MedLic, LLC to list the contracted prices above in their directory.

Print Name: _____

Doctor Signature: _____

Date: _____



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

