



Family Coverage Addendum

I, the undersigned primary patient, agree that this Family Coverage Addendum amends the agreement entered into between myself and GracePointe Healthcare PLLC (the "Agreement") regarding GracePointe Healthcare's Basic Smart Care Plan. The purpose of this Addendum is to add the following members of my immediate family to the Agreement ("immediate family" being limited to my spouse and children under the age of 18 years).

<u>Name</u>	<u>Birthdate</u>	
1. _____	_____	Spouse: \$1069 in full or \$89 a month
2. _____	_____	Child #1 - \$948 in full or \$79 a month
3. _____	_____	Child #2 - \$853 in full or \$71 a month
4. _____	_____	Child #3 - \$853 in full or \$71 a month
5. _____	_____	Child #4 - \$853 in full or \$71 a month

I agree that the Base Fee for my spouse listed above shall be the same as my Base Fee under the Agreement, minus a 10% discount. More than 1 child will be given a 10% discount. Otherwise, the Plan's terms and conditions set forth in the Agreement shall be the same for each such person as they are for me, including charges other than the Base Fee, which shall not receive any additional discounts.

I understand that this Addendum amends the Agreement only with regard to the terms herein described. Where the terms and conditions of this Addendum conflict with the terms and conditions of the Agreement, this Addendum shall control. Otherwise, the terms of the Agreement are hereby ratified, affirmed and approved.

Signed _____ Date _____

For any Spouse listed above:

I agree that I am being added as a party to the Agreement, and that such Agreement, together with this Addendum and any other Addendums executed in connection with the Agreement, shall be binding upon me as if I was a signatory thereto.

Signed _____ Date _____