



LOMA Health & Wellness, PLLC  
640 Baker Dr., Suite D  
Tomball, Texas 77375  
346.456.0060  
[hello@lomahealthtx.com](mailto:hello@lomahealthtx.com)

## **LOMA Health & Wellness, PLLC Membership Terms and Agreement**

This membership agreement (“Agreement”) is between LOMA Health & Wellness, PLLC (“LOMA”) and the undersigned individual below (“Member”). This Agreement pertains to LOMA membership provisions only and is not intended to conflict with or supersede the initial patient care documents provided by LOMA to Member at the outset of their patient care (the “Initial Patient Documents”).

Member agrees to become a member of LOMA’s services pursuant to the following terms and conditions:

**Term.** The initial membership term will be for a minimum period of six (6) months from the date of the execution of this Agreement (the “Initial Term”). At the end of the Initial Term, Member may either i) elect to remain as a Member on a month-to-month basis (“MTM”), or ii) terminate their membership. In either case of i) or ii), Member shall provide advance written notice to LOMA prior to the end of the Initial Term. Failure to provide advance written notice shall result in Member continuing their membership as an MTM member. MTM members may cancel their membership at any time with thirty (30) days’ advance written notice to LOMA. At any time, LOMA is entitled to terminate Member’s membership in the event of non-payment or a breach of this Agreement or the Initial Patient Documents.

**Membership Fee.** The membership rate is One Hundred Dollars (\$100.00) per month (the “Membership Fee”) with no additional sign-up or initiation fee. All amounts paid by Member for Membership Fees will be ‘banked’ and may be redeemed by the Member towards any services provided by LOMA to the Member. The right to redeem Membership Fees is non-transferrable, and Membership Fees must be redeemed within twelve (12) months of the applicable Membership Fee payment.

**Non-Transferable Membership.** This Agreement is unique to the Member, and may not be shared, assigned, transferred or otherwise utilized by any other individual except for the Member.

**Membership Benefits.** Initial Term members will receive a Two Hundred Dollar (\$200.00) credit (“Member Credit”) towards any services provided by LOMA to Member. Member Credits will be received for the Initial Term only, and must be utilized within twelve (12) months of the Member Credit receipt date. Initial Term members and MTM members will also receive exclusive LOMA monthly or quarterly offerings or specials throughout the year, which are unavailable to the pay-per-visit patients.

**Form of Payment.** A credit card on file is required for enrollment as a LOMA member.

Member's credit card information will remain securely on file and be charged each month on the same date as the original membership sign-up date. Please note that it is Member's responsibility to ensure the credit card information on file remains current and up-to-date.

### Form of Payment

**Name on Card:** \_\_\_\_\_  
**Credit Card Number:** \_\_\_\_\_  
**Expiration Date:** \_\_\_\_\_  
**Security Code:** \_\_\_\_\_  
**Billing Address:** \_\_\_\_\_  
\_\_\_\_\_

By signing this Agreement, Member authorizes LOMA to automatically charge the credit card listed above pursuant to the terms of this Agreement. LOMA will continue to charge Member's account until Member cancels their membership in accordance with the terms and conditions of this Agreement.

**General Provisions.** Member is least eighteen (18) years of age (or if not at least eighteen (18) years of age, a Parent/Guardian of Member at least eighteen (18) years of age has executed this Agreement on behalf of Member) and wishes to enter this Agreement with LOMA Health & Wellness, PLLC to obtain a LOMA membership. Member acknowledges and understands the terms of this Agreement, including the minimum term periods and the Membership Fees, and agrees to be bound by same.

By executing in the space provided below, Member accepts this Agreement as of the date listed.

**MEMBER:**

**LOMA HEALTH & WELLNESS, PLLC:**

Member Signature: \_\_\_\_\_  
(or Parent/Guardian if Member under 18)



Christina A. Mapes, FNP-C  
Managing Member

Member Name: \_\_\_\_\_  
Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_