



7425 Wrigley Dr., Suite #207
Pasco, Washington 99301

Prevent Plans-Well Pet Health Care Agreement

Platinum Care Plan

Subscriber & Patient

Subscriber's Name: John Doe

Patient's Name and Species: Callie-Canine

Plan Information

Plan Start Date: 08/01/2010

Plan #0000000000000000

Discount Available: 15%

Plan Fees

Membership Fee: \$59.95

Monthly Plan Fee: \$39.95

Total Due Today: \$99.90

The Subscriber, with whom this agreement has been initiated, has purchased from Prevent Plans the listed Well Pet Plan services described below for the Patient identified above, and Subscriber does hereby agree to pay Prevent Plans the membership fee and the monthly installments identified above for the full term of this agreement, including any renewal. This package of Pet health services, purchased by Subscriber as set forth in this agreement are to be furnished to Patient during each one- year term commencing on the start date listed above. Above listed Subscriber may purchase another package of services for the next calendar year with no membership fee as described on the second page of this agreement.

The following Well Pet Health Care Agreement services are provided to (Patient) as directed by: (Selling Practice Name)

- 1) Examinations
- 2) Office Services
- 3) Vaccinations
- 4) Lab Tests/Services

Your Veterinarian will determine and recommend which vaccines are appropriate for your Pet to receive.

ADDITIONAL TERMS AND CONDITIONS ON PAGE 2 & 3



Prevent Plans-Well Pet Health Care Agreement

Platinum Care Plan

Plan Information

Plan Start Date:
Plan #
Discount Available:

Subscriber, Patient, and Provider Information

Patient Name: Callie	Subscriber:	Provider:
Patient Species:	Billing Address:	Address:
Address:	City/St/Zip:	City/St/Zip:
City/St/Zip:	Phone/s:	Phone/s:

Your Well Pet-Prevent Plan includes only the services listed on Page 1 of this agreement, for the period on one year, subject to renewals. This Plan does not include any services not already listed, any services provided by anyone other than Provider, nor any fees for services recommended as a result of illness or accidental injury. Any fees for other such services will be determined between Subscriber and Provider according to Provider's normal billing procedures. Provider has discretion; based on medical opinion, to change or substitute any Plan services they deem to be best suited for Pet.

Agreement Terms & Conditions

1. This agreement is not a Contract for Insurance. Subscribers must pay for all veterinary care and ancillary services, but will receive a discount from Provider.
2. This agreement is not transferable or assignable and applies only to the Patient designated above, while owned by Subscriber. Subscriber may obtain care for Patient under this agreement only at the Provider designated above. Provider, Subscriber or Prevent Plans may cancel this agreement at anytime. If Subscriber cancels for any reason (including, but not limited to, death of Patient), whether before or after Provider has rendered services, Prevent Plans shall be entitled to retain the entire membership fee. Prevent Plans shall also be entitled to retain or recover from Subscriber all monthly installments which have become due, including the installment for the month in which the cancellation occurs. If the total amount of services rendered by Provider prior to cancellation, (valued at Provider's full retail fee schedule pricing), exceed the sum of monthly installments retained or recovered by Prevent Plans and Provider, Subscriber shall be obligated to do one of the following, as selected by the Subscriber: (a) immediately pay for services in excess of the payments received; or (b) immediately pay in full the remaining monthly installments for the remainder of the Well Pet-Prevent Plan term year then in effect.; or (c) continue making all of the remaining installments for the term then in effect as such installments come due. If Subscriber performs all his or her obligations and Provider or Prevent Plans cancels the agreement, all monthly or annual fees Subscriber has paid for the current term year will be refunded in full, less Provider's full retail charges for any services rendered before cancellation. In no other cases will any amount paid by Subscriber be refunded upon cancellation. Provider may require Subscriber to have Patient permanently identified by microchip or tattoo at Provider's sole option. If Provider requires such identification, Provider will provide the identification service at 50 percent discount from Provider's standard fees.
3. This agreement will be effective for a one-year term starting on the Plan Start Date stated above and will be automatically renewed for subsequent periods of one year each unless and until Subscriber or Prevent Plans terminates this agreement as of the end of any term year by written notice to the other party given no less than 30 days prior to the end of that term. Upon renewal, no membership fee will be charged unless Subscriber transfers to a different plan, in which case a membership fee may be charged. Clients enrolling Pets on puppy or kitten plans will, at renewal, be automatically transferred to the comparable adult plan for their enrolled Pets, which may increase or decrease the associated monthly or annual payment.
4. Prevent Plans reserves the right to adjust monthly fees and services upon renewal or to cease at any time to provide the plans.
5. The following items or services are NOT covered by this agreement:
 - a) Services rendered by specialists to whom Patient is referred by the Provider.
 - b) Services at any institution or hospital, other than the Provider, or services by Veterinarians not employed by the Provider.
6. The discount listed above applies only to the services and products listed above purchased from Provider for this Patient during the term of this agreement. Exceptions: therapeutic diets, vitamins, prescription and non-prescription flea control products, prescription heartworm preventives and retail goods.
7. Prevent Plan Installment payments can either be billed directly to your credit card or deducted from most bank accounts. An overdraft and reprocessing fee of \$25 will be billed to Subscriber on returned/dishonored checks/charges. Subscriber is responsible for notifying Prevent Plans of any change in account setups for billing. In the event Subscriber fails to pay any installment within 30 days of its due date, Prevent Plans may immediately terminate this agreement and declare all fees and remaining monthly installments for the then current term year to be immediately due and payable. If Prevent Plans permit Subscriber to restart the program after termination under this section, a new application and membership fee will be required unless special arrangements are made and agreed to in advance.
8. In the event that cancellation of this agreement for any reason results in monies due to either Subscriber or Prevent Plans, such monies shall be paid in full within 30 days of cancellation. If either party fails to make any payment when due under this agreement, that party shall pay the other party's collection costs, whether or not a legal action is commenced. In the event of any legal proceeding (including appeals), the prevailing party shall be entitled to recover its costs, disbursements and reasonable attorneys' fees as determined by the court.
9. Authorization. Subscriber hereby authorizes Prevent Plans to bill and receive payment for any fees associated with this Plan, and set forth in this agreement. Subscriber shall fill out and sign the authorization for payment in this agreement.
10. Complaint Procedure. Any complaints regarding Plan or Plan Membership should be directed to Member Services, in writing to the following address:
 Prevent Plans, LLC.
 Member Services
 7425 Wrigley Dr., Suite #207
 Pasco, Washington 99301



prevent plans

Subscriber Acknowledgments

- 1. Assignment Delegation.** Membership in the Plan and/or Subscriber's rights or duties under this Agreement may not be assigned or delegated without the express written consent of Prevent Plans. Subscriber agrees that he/she will use his/her Plan Membership only for his/her personal benefit. Subscriber's violation of this paragraph may, at the discretion of Prevent Plans, result in immediate termination of the Plan Membership. Prevent Plans bears no responsibility for the payment of or contribution to any use, sales, or other tax that may be imposed on the veterinary services by any federal, state, or other taxing authority. Payment of such taxes will remain the sole responsibility for paying Providers and/or vendors for all veterinary services rendered unless otherwise agreed upon by Subscriber and Prevent Plans. Prevent Plans is in no way responsible for the veterinary services provided by a Provider. The Plan is not insurance and it may not reduce deductibles, co-payments, or other out-of-pocket expenses for veterinary services that are covered by insurance.
- 2. Network.** Subscribers Plan provides Subscriber access to a network of participating veterinarians who are independent practicing veterinarians. Participating providers are independent contractors in private practice and are neither employees nor agents of Prevent Plans and/or its parents, subsidiaries, or affiliates. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change without notice. Prevent Plans does not provide veterinary or any other treatment and is not responsible for outcomes. All veterinary or other care is the responsibility of the treating provider, in consultation with the Subscriber. Subscriber's selection of the provider is also the responsibility of the Subscriber and is not based on any representations by Prevent Plans.
- 3. Discount.** Providers participating in the respective Plans have agreed to make certain services and supplies available to Subscribers on a Reduced Fee Service basis. The term "Reduced Fee Service" means a service that is available to a Subscriber at a discount from fees normally charged by the provider and for which Subscriber is solely financially responsible. Subscriber understands that all payments to providers are due and payable at the time of service, unless another payment arrangement is mutually agreed upon between Subscriber and the Provider. Subscribers may be subject to Provider's late payment and other office or billing policies.
- 4. Disclaimer of Warranties.** Prevent Plans is not a merchant, manufacturer, or a provider of veterinary services. Prevent Plans does not give any warranty, express or implied, as to description, quality, merchantability, fitness for any particular purpose, productiveness, or any other matter, for any services or through his/her membership in the plan. Subscriber should not rely on Prevent Plans skill or judgment in selecting a provider for the service available to Subscribers. In the event any product or service purchased or received by a Subscriber is cancelled, modified, defective, or otherwise unsatisfactory to the Subscriber, the Subscriber will look solely to the Provider, seller, merchant, vendor or manufacturer of the product of veterinary service for any repair, exchange, refund, or satisfaction of claim.
- 5. General Release.** Each Subscriber, for himself/herself, and on behalf of any other person who uses the services under the Plan Membership (Membership Participant), hereby forever releases, acquits, and discharges each of Prevent Plans employees, officers, directors, agents, and affiliates from any and all liabilities, claims, demands, actions and causes of action that such Subscriber, Subscriber Participant, or Subscribers legal representative(s) may have by reason of any damage or personal injury sustained as a result of or during the course of the use of any veterinary service. The sole recourse available to a Subscriber, Subscriber Participant, or Subscribers legal representative(s) against Prevent Plans will be cancellation of the Membership as provided in agreement.

Prevent Plans, LLC

By _____
Date: _____

Subscriber
Date: _____

Installment Payment Plan (Financial Institution Information & Authorization)

Checking Account Information

Account Number#
Routing Number#
Bank Name:
Account Holder:
Withdrawal Date:

Authorization

As a duly authorized signatory on the adjacent account, I authorize Prevent Plans, LLC to keep my signature on file and to debit the adjacent account according to the terms and conditions of the Prevent Plans-Well Pet Health Care Agreement.

_____(Date)
Subscriber: (Subscriber's Name)

Credit Card

Type:
Card #
Expires:
Card Holder:
Withdrawal Date:

Authorization

As a duly authorized signatory on the adjacent account, I authorize Prevent Plans, LLC to keep my signature on file and to debit the adjacent account according to the terms and conditions of the Prevent Plans-Well Pet Health Care Agreement.

_____(Date)
Subscriber: (Subscriber's Name)