

Medical Services Agreement

Date:

Patient Information

- Patient Name:
- Date of Birth: Patient DOB

Agreement

I acknowledge that I have read and understand the terms of this agreement.

I agree to the terms and conditions

Signature

Patient Signature: (Sign below)

Date:

Medical Services provided by Primary Medical of KY, P.S.C., Elite Health Services, P.A., Co.,
Primary Medical of IN, P.C.

X _____

Signed By Hayley Jacobs
Signed On: January 1, 1970



Signature Certificate

Medical Services Agreement - Hayley Jacobs

Unique Document ID:

10cb619140df2d8ec27bd072ba30ce5fb28f3f52

LEGALLY SIGNED USING
WPsignature
Build. Track. Sign Contracts.



Hayley Jacobs

Party ID: 53ccf3e5-543c-4be2-8613-32ff3740a1dc

Security Level: E-mail

Awaiting signature

Timestamp

2026-02-04 17:49:33 EDT

2026-02-04 17:49:33 EDT

2026-02-04 23:46:13 EDT

Audit

Medical Services Agreement Uploaded by ENNU Patient Docs - admin@ennulife.com IP 24.238.5.27

Document sent for signature to Hayley Jacobs - Hayleyjacobs00@gmail.com

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This audit trail report provides a detailed record of the online activity and events recorded for this contract.

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