

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.**



Signature Certificate

Document name: Medical Services Agreement

🔒 Unique Document ID: 520A699C1AB6A3284CFAE562AA502098A3907247

LEGALLY SIGNED USING
WPsignature
Build. Track. Sign Contracts.

Timestamp

2026-02-01 23:12:47 UTC

Audit

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