**EXECUTIVE NAVIGATION ENROLLMENT FORM**

**First Name:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |

**Last Name:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |

**Health Card Number (include version code) Expiry:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |

**Date of Birth: Place of Birth:**

| Month |  |  | Day |  |  | Year |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |

**Business Name & Address:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Postal Code | | |  |  |  |  |  |  | Bus. Tel. | | |  |  |  |  |  |  |  |  |  |  |  |  |

**Residence Address:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Postal Code | | |  |  |  |  |  |  |
| Tel. | |  |  |  |  |  |  |  |  |  |  | Cell | |  |  |  |  |  |  |  |  |  |  |

**E-mail Address:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |

**Preferred method of communication:** **E-mail** **Phone**

**Please send Correspondence to** **Business** **Residence**

**Emergency Contact Information:**

| Full Name | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Tel. 1 |  |  |  |  |  |  |  |  |  |  | Tel. 2 | |  |  |  |  |  |  |  |  |  |  |
| Relationship | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

You will be contacted by a patient coordinator on behalf of Executive Medical Concierge Canada (2021) Ltd. to confirm your date of enrollment. You will then be booked for an appointment to review your medical history, at which time you will be provided with our confidential client navigation contact number.

Please provide a corporate cheque in the amount of $3000.00 plus HST (and 2% fee for credit card payments) for one-year access to our executive medical concierge service. Your one-year term will commence from the date you are contacted by our patient coordinator.

By signing below you acknowledge that you have read and understood the terms and conditions pertaining to the executive medical concierge service and the limit to the services that will be provided.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Client Signature Date**

**TERMS AND CONDITIONS**

1. The services provided by Executive Medical Concierge Canada (2021) Ltd. (“EMC”) are available from 9am to 10 pm, 7 days per week via the EMC confidential telephone line. EMC will use its best efforts to ensure that messages left on the confidential telephone line will be returned on the same day and that messages left after 7pm are returned the same day or the morning of the following day.
2. EMC is a medical navigation service and not an emergency medical service. In the event that you are experiencing a medical emergency please call 911 or proceed directly to the emergency department of your nearest hospital. Please then contact your EMC patient coordinator regarding this incident.
3. EMC membership is for a one-year period only. The one-year term will commence on the date you are contacted by your patient coordinator. Renewal of your membership for successive one-year periods, will be automatic, unless EMC is notified by you that you wish to cancel your membership, which notification must be no less than thirty (30) days prior to the end of each membership year.
4. EMC may choose not to re-new your membership, at EMC’s sole discretion at the end of a membership year, provided that EMC provides you with no less than thirty (30) days written notice that your membership is cancelled.
5. EMC shall be responsible for health care navigation, coordination and support services only. EMC provides no health care services. Services will be arranged as needed by EMC through independent health care providers. For greater certainty, but without limiting the foregoing, the following are not covered by your membership in EMC and are the client’s sole responsibility: the cost (within or outside of Canada) of medical care of any kind (unless covered by your Provincial Health Plan), paramedical care, home care, diagnostic testing, procedures, prescription costs, medico-legal letters/services, insurance assessments/letters, and travel costs.
6. For medical appointments or diagnostic testing/procedures, EMC will arrange for the first available appointment with the physician/facility that EMC recommends to provide the required service. EMC does not guarantee faster access to medical specialists or testing.
7. If you are referred to a specialist recommended by EMC and are not satisfied with the care provided, EMC will arrange for a second opinion with another qualified physician. EMC will use its best efforts for your health care, but does not guarantee the timeliness or quality of any medical appointments, diagnostic testing or procedures.
8. EMC cannot arrange for the signing of referrals recommended by homeopaths, naturopaths or other alternative doctors. Such signature is up to the discretion and independent judgement of the appropriate professional in accordance with accepted medical principles.
9. Services provided by EMC are limited to the client named on the enrollment form only. Services will not be extended to family members, friends, co-workers of the enrolled member.
10. Clients enrolling in the EMC program should stay with their family physician. EMC services are complementary to the healthcare system, as EMC provides navigation to make it easier for clients to access the health related services they need with less time and hassle.
11. You agree to keep the EMC client navigation phone number you are provided with confidential and not to distribute it to any non-member. Members who distribute the confidential client navigation phone number to non-members, without EMC’s prior consent, may lose their EMC privileges.

\_\_\_\_\_\_\_

Initials