

Private Practice-Patient Agreement 2026

Effective Date: _____

Physician Sakina F. Dinani 305 W. Grand Ave, Suite 900 Montvale, NJ 07645 201-677-8680 Info@mysynergyhub.com	Patient Name: _____ Address: _____ _____ Phone Number: _____ Email: _____
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☐ Please check here if responsible party information is different from the patient (Responsible Party and Patient(s) are collectively referred to as "Patient" in this Agreement.)

Responsible Party: _____

Eterna Health & Wellness, LLC ("Private Practice") offers participating patients the opportunity to receive certain amenities and features, as described below. This Private Practice-Patient Agreement ("Agreement") describes the terms and conditions under which Private Practice shall deliver such amenities to the undersigned Patient. (Private Practice and Patient are each individually referred to as "Party", or collectively as "Parties").

Private Practice offers personalized primary health and wellness care to assist Patient in achieving individual wellness goals. Private Practice does not accept any form of commercial health insurance. In exchange for the fees described below, Private Practice will provide Patient with the following services ("Amenities"):

- Annual Wellness Visit
- Preventative Visits
- Electrocardiogram (EKG)
- On-site Phlebotomy
- Rapid infectious disease testing
- Pre-Travel Medical Evaluation
- Pre-Operative Medical Clearance
- Diet Review and Recommendations
- Stress Management Strategies
- Vaccine Recommendations & Counseling (optional)
- Cancer Screening Recommendations and Orders
- Medication and Supplement Optimization
- Healthcare Advocacy & Navigation
- 10% discount on Aesthetic Services
- 10% discount on IV Infusion and Injection Services

SERVICES AVAILABLE FOR ADDITIONAL FEES:

- Vaccinations may require additional fees.

- Aesthetic services such as botulinum toxin injections, laser and light based therapies, and radiofrequency treatments, are available at additional fees and are not included in Amenities provided in exchange for the monthly fee.
- IV Vitamin Infusion Therapy is available at additional fees and is not included in Amenities provided in exchange for the monthly fee.

SERVICES NOT PART OF THE AMENITIES AND NOT OFFERED BY THE PRIVATE PRACTICE:

Hospitalizations or hospital care, X-rays, emergency room visits, prenatal or obstetrical care, surgery, specialist office visits, prescribed medications, and lab testing.

FEES:

The Patient agrees to pay a monthly membership fee (the "Private Practice Fee") for access to the Private Practice's Amenities based on the service package selected below by the Patient:

Individual ¹	Family ²	Dependents ³
\$299 per month	+\$249 per month	+\$175 per month

¹18+ years old

²Domestic Partners and Spouses

³18-25 years old

Payment shall be made monthly and is due on the monthly anniversary date of this Agreement.

Rate Lock. Each enrolled member's Private Practice Fee is locked at the rate in effect on the date that member enrolls, and will not increase for as long as that member remains continuously enrolled, including all renewals. Private Practice may change its fees for new members at any time, but those changes will not apply to a continuously enrolled member. If this Agreement ends for any reason and Patient is later reinstated, the rate lock ends, and Patient will pay the \$300 reinstatement fee described below and the Private Practice Fee in effect on the date of reinstatement.

Participation in the Private Practice is personal to each individual accepted into the Private Practice, and may not be assigned.

TERM AND RENEWAL:

Annual Term. The initial term of this Agreement begins on the Effective Date and continues for twelve (12) consecutive months (the "Annual Term"). Each Annual Term is a twelve (12) month commitment by Patient to pay the Private Practice Fee for every month of that term, whether Patient pays monthly or annually in advance.

Automatic Renewal. At the end of each Annual Term, this Agreement will automatically renew for another twelve (12) month Annual Term on the same terms and at the same Private Practice Fee, unless either Party gives the other written notice of non-renewal at least thirty (30) days before the current Annual Term ends.

Added Members. A spouse, domestic partner, or dependent added to an existing membership during an Annual Term joins the Annual Term already in progress. The added member's Private Practice Fee begins on the date of enrollment, and the added member's participation ends and renews on the same date as the rest of the membership.

PRIVATE PRACTICE IS NOT AN INSURANCE PLAN:

Private Practice is not an insurance company or plan, and does not promise unlimited care in exchange for the Private Practice Fee described above. Private Practice presumes that Patient has health insurance that provides health care coverage for services not covered by the Private Practice Fee. Participation in Private Practice does not meet any individual health benefit plan mandate that may be required by federal or state law.

PRIVATE PRACTICE TERMINATION AND EARLY TERMINATION:

Termination by Patient. Patient may terminate this Agreement at any time by giving Private Practice thirty (30) days' prior written notice. Termination becomes effective thirty (30) days after Private Practice receives the notice, and Patient may continue to receive Amenities until that date.

Early Termination Balance. If this Agreement is terminated effective before the end of the current Annual Term, all Private Practice Fees for the remainder of that Annual Term become due and payable in full on the effective date of termination (the "Early Termination Balance"). The Early Termination Balance equals the monthly Private Practice Fee for each enrolled member multiplied by the number of monthly payments that would have come due after the effective date of termination through the end of the current Annual Term, plus any fees that are past due. Patient authorizes Private Practice to charge the Early Termination Balance to the credit card, debit card, or bank account on file on the effective date of termination. Fees already paid, including any annual prepayment, are non-refundable except as stated in this section. If one member of a Family or Dependent membership leaves while the others remain enrolled, the Early Termination Balance applies only to the departing member's Private Practice Fee.

Example: If an Individual member's Annual Term began January 1 and termination takes effect May 15, the seven payments that would have come due June 1 through December 1 (7 x \$299 = \$2,093) are due on May 15.

Exceptions. No Early Termination Balance is owed, and Patient pays only the Private Practice Fees that come due through the effective date of termination, if: (a) the enrolled member dies; or (b) Sakina F. Dinani stops providing care to patients of Private Practice.

Termination by Private Practice. Private Practice may terminate this Agreement at any time for any reason with thirty (30) days' prior written notice. If Private Practice terminates this Agreement for any reason other than those listed under Termination for Cause, no Early Termination Balance is owed, and Private Practice will refund, on a prorated basis, any Private Practice Fee Patient prepaid for any period after the effective date of termination.

Termination for Cause. Private Practice may also terminate this Agreement at any time with less than thirty (30) days' notice should Patient:

1. Fail to timely pay the Private Practice Fee or statements for health care services provided; or
2. Violate Private Practice's policies or instructions.

If Private Practice terminates this Agreement for cause before the end of the current Annual Term, the termination will be treated as an early termination by Patient, and the Early Termination Balance will be due on the effective date of termination.

Reinstatement. If Patient subscribes to Private Practice's Amenities after termination and Private Practice accepts Patient, Patient shall pay a \$300 reinstatement fee, a new Annual Term will begin on the date of

reinstatement, and Patient will pay the Private Practice Fee in effect on that date rather than Patient's prior rate. Any unpaid balance, including any Early Termination Balance, must be paid before reinstatement. Acceptance back into the Private Practice is at the discretion of the Private Practice.

Notices. Written notice under this Agreement may be given by email to Private Practice at Info@mysynergyhub.com and to Patient at the email address listed on the first page of this Agreement.

PATIENT ACKNOWLEDGMENT: I understand that this Agreement is a twelve (12) month commitment that renews automatically each year unless notice of non-renewal is given at least thirty (30) days before the end of the Annual Term, and that if the Agreement ends early, the remaining Private Practice Fees for the Annual Term will be due on the effective date of termination.	Patient Initials: _____
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Participation in Private Practice is limited to a select number of participants in order to preserve and retain the personal private character of health care services provided, and Private Practice retains sole rights regarding Patient participation and services, and Private Practice reserves the right to decline to renew this Agreement at the end of any Annual Term.

PRIVATE PRACTICE FEE PAYMENT OPTIONS:

Private Practice requires that all participating Patients keep a credit card, debit card, or direct debit information on file. Private Practice will automatically charge Patient's Private Practice Fee each month, or annually in advance for the full Annual Term, if Patient prefers. Paying monthly is a billing convenience only and does not shorten or change Patient's twelve (12) month commitment for each Annual Term.

Payment of the Private Practice Fee indicated above shall be charged monthly to the credit or debit card, or bank account, on the day chosen by the Patient at the time of enrollment.

Patient authorizes the Private Practice to charge any Private Practice Fee, and any Early Termination Balance or other amount owed at termination, to Patient's credit or debit card or bank account, until such authorization is revoked by Patient in writing. Revoking this authorization does not terminate this Agreement or cancel any amount Patient owes under it. Absent contrary instructions, Patient authorizes Private Practice to use Patient's credit/debit card, or bank account for the payment of any additional fees for professional services.

As a courtesy, Private Practice may, upon Patient's request, provide Patient with a billing document that outlines the medical services Private Practice provided.

Patient will never submit any Private Practice Fee or any other fees or statements from Private Practice to any health insurance for payment or reimbursement.

Patient, or Patient's legal representative, acknowledges that patient is not currently in an emergency or urgent health care situation and is not seeking urgent or emergency care at this time.

Patient, or Patient's legal representative, accepts full responsibility for payment of Private Practice's charges for all services furnished by Private Practice.

Patient, or Patient's legal representative, agrees not to submit a claim to any commercial health insurance or to ask the Private Practice to submit a claim to any commercial health insurance for any of Private Practice's services.

Patient, or Patient's legal representative, understands that insurance payment will not be made for any items or services furnished by Private Practice that would have otherwise been covered by insurance if there was no private contract and a proper insurance claim had been submitted.

Patient, or Patient's legal representative, enters into this Agreement with the knowledge that Patient has the right to obtain insurance-covered items and services from physicians and practitioners who have not opted out of insurance, and Patient is not compelled to enter into private contracts that apply to other insurance-covered services furnished by other physicians or practitioners who have not opted out.

Patient, or Patient's legal representative, acknowledges that a copy of this Agreement has been made available to Patient.

ADDITIONAL PATIENT ENROLLMENT TERMS:

Patient's participation with Private Practice is complete once Patient signs this Agreement and Private Practice receives Patient's initial Private Practice Fee payment. This Agreement is governed by the laws of the State of New Jersey, without application of choice-of-law principles.

This Agreement replaces and supersedes all prior agreements between the Parties. This Agreement may not be modified absent a writing signed by Patient and Private Practice's authorized representative. If any term of this Agreement is deemed invalid or in violation of any law or policy, the remaining terms of this Agreement shall remain in full force and effect.

Either Party may use an electronic or digital copy of the signed original Agreement for present and future purposes. Each participating Patient over the age of 18 is required to sign below.

Private Practice-Patient Agreement

SIGNATURE

DR. SAKINA F. DINANI

Provider

Patient

Signature

Signature

Date

Date

AUTOMATIC PAYMENT AUTHORIZATION FORM

The Private Practice Fees set out in the Private Practice-Patient Agreement shall apply to the following Patient(s), who by signing below agree to the terms and conditions of the Eterna Health & Wellness Private Practice-Patient Agreement.

To enjoy the convenience of automated billing, simply complete the Credit/Debit Card Information section below and sign the form.

Payment frequency: ☐ Monthly ☐ Annually in advance (full Annual Term)

Patient(s): _____ **DOB:** _____

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Patient(s): _____ **DOB:** _____

Patient(s): _____ **DOB:** _____

Credit Card Information:

- **Cardholder Name:** _____
- **Credit Card Number:** _____
- **Expiration Date:** _____ [MM/YYYY]
- **CVV/CVC:** _____ [Three- or four-digit security code]
- **Zip Code Assoc with this Card:** _____

Authorization and Agreement:

I, the undersigned, hereby authorize Private Practice to charge my credit card for the recurring payment specified in the Private Practice-Patient Agreement, and for any Early Termination Balance or other amount owed under that Agreement.

I understand that these charges will recur for each Annual Term, including each automatic renewal, until the Agreement ends. I understand that giving written notice of cancellation ends the Agreement as described in the Agreement, but does not cancel any amount I owe under it, including any Early Termination Balance.

Cardholder's Signature: _____

Date: _____