

The annual membership fee for **Inova VIP 360°** is \$1,800. Please provide your payment information below. Be sure you have also read and signed the Acknowledgement of Scope of Services Form, which can be downloaded at inova.org/vip360.

You can fax this Payment Form and the Acknowledgement of Scope of Services Form to **703-776-7068**; or you can mail or bring them to our offices located at:

Inova Institute for Individualized Medicine
 Inova Fairfax Hospital
 3300 Gallows Road
 Falls Church, VA 22042
 703-776-7005

Payment paid by: Check Credit Card

Date	
Name	
Address	
Primary Phone	
Credit Card Type	
Credit Card #	
Expiration Date	
Security Code	
Signature	
Email	