



**CONTRACT FOR THE PROVISION OF MEDICAL SERVICES**  
(ACPMESE Unique Payment - Co-payment Type)

Hereby Assembled and Made in Torrevieja on DAY (month) (year)

**BETWEEN**

**OF THE ONE PART: SMART SALUD, SLP**, domiciled in Torrevieja, en Calle Ramón Gallud 131, ground floor, inscribed in the Mercantil Register in the inscription number 1, Tome 4359, Leaf number 173505, page 76, with VAT or CIF (Code of Fiscal Identification) : B-42820902 and in reference to its working center ‘**Centro Clínico SMART SALUD Torrevieja**’ in Alicante province (hereafter ‘**CCSST**’)

**AND OF THE OTHER PART:** Mr/Mrs. ....  
of full age, of ..... nationality and holder of a passport or N.I.E. of the said nationality bearing number..... and domiciled at..... with Spanish address at .....  
telephone(s)..... Birthdate ..... /..... /..... and e-mail .....

**THEY TAKE PART**

Here in their own name and right, both contracting parties recognize each other’s sufficient legal capacity as may be required by Law to enter into this present contract and declares as follows:

**THE AGREEMENT**

- 1. ‘**Centro Clínico SMART SALUD Torrevieja**’ which specializes in the provision of medical care and services through its team of professional medical and auxiliary staff.
- 2. **Mr./ Mrs.** ..... (or HOLDER)

Is interested in center ‘**Centro Clínico SMART SALUD Torrevieja**’ providing them with medical care and services as set out in this PROVISION OF MEDICAL CARE CONTRACT and that center ‘**Centro Clínico SMART SALUD Torrevieja**’ agrees to supply these services to the holder as governed by the following regulations:

**STIPULATIONS**

**FIRST: Centro Clínico y Dental** of Torrevieja, agrees with THE HOLDER, and accepts to hereby fulfil and implement this contract for the provision of medical services as detailed hereafter.

**SECOND:** The contract for provision of medical services applies to both THE HOLDER and also the following family members listed below:

Surname	First Name(s)	Relation	Date of Birth	D.N.I. / Passp. Nr. / NIE
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

**NOTE: Beneficiaries** are only considered to be people in the immediate family unit and/or a person who lives with THE HOLDER at the same address, independent of their ages.

**THIRD: ‘Centro Clínico SMART SALUD Torrevieja’** here by expressly undertakes to provide THE HOLDER who is stated above, and to his/her family members, only and solely the following medical services and assistance free of charge or for a symbolic charge or at discount:

**a) DISCOUNTED GENERAL SERVICES:**

- 1. ALL GENERAL MEDICINE CONSULTATIONS** whether first visits or revisions have a charge of **€5**. Both the title-holder and beneficiaries can attend as many consultations as considered necessary. General Medicine consultations provided through Telemedicine has a 50% discount of the price of a visit, what means a visit price of €15. (See the Annex below)
- 2. ALL NURSING (A.T.S.) SERVICES** (Injections, wound dressings, blood pressure tests, vaccinations, ear wash, glucometry, etc...) have a cost of between **1-5€** for the concepts specified in Anexo II. will be either free or at a reduced symbolic price as shown in Anexo.
- 3. ANNUAL MEDICAL CHECK UP:** This includes a complete physical examination, blood test (Hemogramme, VSG, Glucose, urea, creatinine, uric acid, iron, GOT, GPT, GGT, alfa amilase, Total Cholesterol, HDL, LDL, TG, TSH y T4), electrocardiogram, audiometry, spirometry, vision-control and radiological study of chest, should this be advised by a doctor.
- 5. PSYCHO-TECHNICAL TESTS** required in Spain to obtain or renovate driving-licenses with a **30%** discount.
- 6. ALL EMERGENCY SERVICES** during normal consultation hours on the premises of the Clinic at the reduced prices for General Medicine and Nursing (See Anexo II)

**b) DISCOUNTS and AVANTAGES IN THE REST OF OUR SERVICES:**

1. Discounts between 5% and 85% in all of our services as detailed in Annexes I and II hereafter.
2. Straight access to all our offers, campaigns and promotions running during the contract period and with the same conditions and advantages established for each one of them.

Associates of ‘**Centro Clínico SMART SALUD Torrevieja**’ also enjoy the same advantages as expressed in this Third Clause, as well as benefiting from special consultations for “Associates” on Saturdays with access to services from 12:30 h until 13:30 h.

The present contract can be used by the holder and his / her beneficiaries in ‘**Centro Clínico SMART SALUD Torrevieja**’ always by presenting in reception the **Associate Identity Card** (of the holder or beneficiary) received when the contract is signed and whose validity has not yet expired.

**FOURTH:** The contracted prices for the medical services outlined above are as follows:

	Number of people included	Total cost per year (€)
<b>Policy holder</b>	<b>1</b>	<b>225</b>
<b>Holder + 1 Beneficiary</b>	<b>2</b>	<b>350</b>
<b>Holder + 2 Beneficiaries</b>	<b>3</b>	<b>475</b>
<b>Holder + 3 Beneficiaries</b>	<b>4</b>	<b>575</b>

Otherwise the fixed total annual price of .....€ for one title-holder and .....beneficiaries.

These prices are to be paid by annual payment using the following **method of payment:**

- IA.** Payment in full on signing of the contract if holder wishes like that.

**IB.** Payment divided into two halves, first half in full on signing the contract, second half the following month in cash or by Direct Debit.

The total bank costs are 5 € per transfer, and this charge will appear on the bank report for the transfer or Direct Debit payment. In order to carry out payments using this method, the holder will need to fill out a bank Transfer Form available at the clinic, on which will appear details of the policy holder, together with information concerning the bank and the account number of the holder.

Once the first year of the contract has expired and has not received, one month before the contract expires, notification of the holders wish to terminate the contract either by post, or e-mail (administracioncct@smartsalud.es), it will assume the holder wishes to continue receiving the services outlined above. In this case it will receive transfers in its bank over two months (if method B of payment was selected on initial signing of the contract) for an equal amount of half of the total cost of the contract in each receipt together with any increases in charges for the following year which may apply.

The prices specified in this contract may be revised annually to coincide with the official increase in the cost of living (IPC). However, any revision in price must be communicated to the client previous to actualisation.

Failure of payment by the client of either the 2nd monthly payment without prior notice or justification to the Clinic will result in the finalisation of the contract without any obligation to return the initial deposit payment or any further payments that have been realised.

**FIFTH:** This contract for the provision of medical services and assistance is agreed for the period of **ONE YEAR** which may be extended for further annual periods unless one of the two contracting parties notifies unequivocally by registered post his/her intention to terminate this present contract. Such notification must be carried out with a minimum advance notice of **thirty days** before its expiry date.

**SIXTH:** This contract for the provision of medical services does not include medicines or surgical materials.

**SEVENTH:** Both contracting parties expressly undertake to abide by the competence and jurisdiction of the Courts and Tribunals of Torrevieja (ALICANTE) and those of a higher authority, waiving any other jurisdiction of domicile, in so far as it refers to whatsoever difference or dispute that might arise between the parties regarding the meaning or interpretation of this contract.

Both contracting parties being in conformity and agreement with the above sign this contract for the provision of medical services in duplicate at the location and date mentioned above.

**Centro Clínico y Dental of Torrevieja  
(Miracle Touch, SA)**

**CONTRACT HOLDER**

## ANNEX:

## Medical Services prices with the a 5-50% discount applied

	SERVICE	CONCEPT	Specifications	PRICES (€)
1.	<b>DRIVING LICENCE TEST (PSICOTECNICO)</b>	Driving Licence Medical Test Classes A, B, B+E	Obtention, renewal & change	<b>30%</b> discount A.P.L. (According to Price List)
			Classes C, C+E, D, D+E Obtention, renewal	
		Armas, animales peligrosos	Weapons, dangerous animals licences, etc...	
2.	<b>GENERAL MEDICINE</b>	Consultations	1 <sup>st</sup> visit	<b>5</b>
			Reviews (2nd visit)	
			TELEMEDICINE CONSULTATION	
3.	<b>NURSING</b>		Blood Pressure	<b>1</b>
			Injections/Vaccines	<b>2</b>
			Wound Dressings/ Blocked Ears wash	<b>5</b>
			Electrocardiograms	<b>15</b>
4.	<b>PODOLOGY (Podiatry)</b>		Unique Price x consultation	<b>20</b>
			Insoles & other special treatments	
5.	<b>GYNAECOLOGY</b>	Consultations or annual review	1 <sup>st</sup> visit (with ultrasound)	65 (55 without)
			2 <sup>nd</sup> visit	35
			Smear test	25
6.	<b>UROLOGY</b>	Consultations or annual review	1 <sup>st</sup> visit (with ultrasound )	65 (55 without)
			2 <sup>nd</sup> visit	35
			Biopsy	25
			PSA	20
7.	<b>REST OF SPECIALTIES</b>	Consultations	1 <sup>a</sup> visita	<b>55</b>
		(see specialties list)	2 <sup>nd</sup> visit/reviews	40
8.	<b>DIAGNOSTIC TESTS</b>		Clinical Analysis (Laboratory)	<b>25%</b> S.L.P.
			Audiometry	10 (Dcto. 50%)
			Vision Control	10 (Dcto. 50%)
			Spirometry	10 (Dcto. 50%)
			Ultrasounds (US)	<b>50</b> (Dcto. 45%)
		Cistoscopy	75 (Dcto. 45%)	
9.	<b>AESTHETICS DEPARTMENT</b>	<b>MAS: Minor Ambulatory Surgery</b> (Laser, Electroscalp % conventional surgery)	Warts, cysts, abscess, moles, spots, etc...	<b>20%</b> discount A.P.L.
		Permanent Make-up (micropigmentación)	upper & lower eyelid lines + lighting (upper lid) + eyebrows + lips outline	<b>20%</b> discount A.P.L.
10.	<b>EXPERT MEDICAL LEGAL REPORTS WITH PRESENCE IN COURTS</b>			<b>10%</b> discount A.P.L.
11.	<b>OFFICIAL REPORTS AND CERTIFICATES ON DEMAND</b>			<b>25%</b> discount A.P.L.

IMPORTANT: (Sign all pages)