



## Direct Primary Care Membership Agreement

This Direct Primary Care Membership Agreement (the "Agreement") specifies the terms and conditions under which you (the "Member") and your spouse or dependents included in the Agreement will participate in the benefits available under the Agreement.

1. This Agreement is between Twardon Family Care ("the Practice") and

\_\_\_\_\_ (name of Member),

\_\_\_\_\_ (name of Spouse, if applicable), and includes the following dependent(s) listed below (attach additional sheets if necessary):

<u>Name</u>	<u>DOB</u>	<u>Relationship:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. **The term of this Agreement** is for one year, beginning \_\_\_\_\_. The Agreement shall automatically renew for successive one-year periods unless terminated (see Section 10).

3. **This Agreement is *not a health insurance policy***, and does not cover services or care given at any facility besides Twardon Family Care. This Agreement includes only the specific services as outlined in Section 6 below, and does not include any major catastrophic medical care provided by emergency rooms, hospitals, urgent care centers, services rendered by specialists or specialty clinics, or other entities not outlined specifically as a participating clinic. Furthermore, membership under this contract ***does not*** by itself fulfill the personal health insurance mandate under the Affordable Care Act (commonly known as "Obamacare").

4. **Included Members.** Adult Members participating in the Agreement may sign up a spouse or dependents under this Agreement. Others outside of that relationship wishing to join as Members must have their own separate Agreement. A valid picture ID will be requested to enroll in a membership to verify identity before receiving membership services, except in the case of a minor enrolled in the membership, who must be accompanied by a parent or legal guardian that is also enrolled in the membership.

5. **MEMBERSHIP Fee Schedule:** At the date of this Agreement, membership fees are as follows:

- Annual Adult Membership paid in full: \$650/year from date of transaction.
- Annual Adult Membership: \$700/year if paid quarterly (\$175/quarter).
- Child/student (<23 yrs) Annual Membership paid in full: \$400/year from date of transaction.
- Children (<23 yrs) Annual Membership: \$440/year if paid quarterly (\$110/quarter).

For all **new** (not enrolled in the last 2 years) patients, a minimum initial down payment for 2 quarters would be required, to then transition to quarterly payments after that. **All fees are non-refundable.**



6. **Scope of Care.** Primary Care Services include **general scope of family medicine outpatient services, excluding obstetrical care, for the Member**, see Section 18 for Exclusions. The membership fee also includes the following benefits:

- One Annual Complete Physical Exam;
- Unlimited follow-up office visits at \$30/visit (not including procedures or labs—fees will be posted at the office as available);
- Telephone consultation as medically appropriate without additional fee—at the Physician’s discretion, Members can be seen outside of routine office hours (as posted at the office and amended on the website and/or phone), for the same \$30 follow-up fee, at Physician’s discretion;
- Access by phone after hours (including HIPAA-protected EMR Portal interaction, as available)—the Physician or a designated colleague will generally seek to be accessible;
- At the Physician’s discretion and for an additional travel fee depending on mileage, home visits may be scheduled;
- All standard labs will be available at discounted rates;
- Procedures will be done at discounted rates, as posted at the office;
- No charge for managing prescription refills, prior authorizations, or other routine forms;
- Priority access for appointments;
- Coordination of care with specialists, hospitals, and other care providers.

7. **Membership fees shall be paid in advance**, either in full for the year (at discounted rate) or quarterly. Fees may be paid by check, or shall be charged to the Member’s credit card, debit card, or automatic bank draft (as available). Fees are due in advance of the first visit. Members paying quarterly will be billed every 3 months between the first and seventh day of that month. Members paying annually will be billed every 12 months between the first and seventh day of the following year. Member shall update banking information as needed, in a timely manner, and will be responsible for any amounts owed to Twardon Family Care regardless of whether the account or card is expired, cancelled, or otherwise not accepted for payment. Member(s) agree to pay a \$25 added charge for each time the Member(s) account declines payment of the regular charge.

8. **Banking Transfers.** This Agreement authorizes Twardon Family Care to keep banking information on file, and to charge the Member’s applicable account for scheduled fees without requiring Twardon Family Care to obtain written authorization for each new charge.

9. **Future Routine Appointments.** Member(s) understands that all Members included in this Agreement will not be scheduled for a patient appointment unless the membership fees have been paid up through or beyond the date of the desired appointment.

10. **Termination of Agreement.** Member(s) understands that Member(s) may terminate this Agreement at any time and for any reason, although they remain responsible for the remainder of that year’s annual contracted fees. Twardon Family Care may terminate this Agreement for any reason with 30 days’ notice, during which, the Practice will continue to offer medical care for urgent needs. Such termination by either party must be in writing. All fees are non-refundable (see Section 5).



11. **Possible change of Terms of Agreement.** Member(s) understands that Twardon Family Care may add or decrease services, participating providers, and participating clinics, OR increase membership fees at any time. In the event of such changes, the Practice will provide notice to Member(s) at least 30 days before the change.
12. **Additional charges not covered.** Member(s) understands that there may be additional charges for equipment, laboratory, referral, or other services that are ordered through outside entities or providers as a result of care given by a participating clinic or provider. This Agreement does not cover additional charges for such items. Only the services specifically outlined above in Section 6 are covered by the membership fees.
13. **Additional follow-up fee.** Member(s) will be charged a \$30 fee per office visit (beyond the Annual Complete Physical Exam, as listed in Section 6) in addition to the regular membership fee. This \$30 fee must also be paid at the time of service.
14. **Other insurance.** Member(s) covered under Medicaid or other health insurance agree(s) that Twardon Family Care will not file any insurance claims for Member(s) (see the Acknowledgement of Insurance Opt-Out agreement).
15. **Medicare Opt-Out.** Member(s) also enrolled in Medicare understand and agree that Medicare WILL NOT be billed for services rendered to Member(s) under this Agreement, and Member(s) agree to not seek reimbursement from Medicare for any services rendered under this Agreement (see the Acknowledgement of Medicare Opt-Out agreement).
16. **Declining to enroll.** Twardon Family Care reserves the right to refuse membership to any person for any reason, or for no reason.
17. **Additional charges for available items/services.** Member(s) understand(s) that charges for items not covered by the membership must be paid at the time of service, and will NOT be billed through the Member(s) regular membership payments. Those items available for an additional fee may include: Lab tests done on site; Lab tests the Member chooses to pay for outside of insurance coverage (only as arranged between the Practice and the Member); or any other ancillary service provided by another entity, regardless of whether such service is provided onsite or elsewhere.
18. **Excluded services:** Substance abuse withdrawal, Major surgeries, Procedures involving general or regional anesthesia, CT scans, MRI scans, Echocardiograms, Cardiac stress tests, Pre-natal and obstetrical care, Electroencephalograms; Any care that (in the sole determination of the provider) is best handled in the emergency room of a hospital, Any procedure in the sole determination of the provider that falls outside of his or her area of training or expertise; or Care rendered by specialists or specialty clinics.
19. **Responsibility for Insurance/fiscal planning.** Member(s) understands that the visit and membership fees required under this contract DO NOT necessarily apply towards any health insurance plan deductible. Member(s) also understand that Twardon Family Care makes no representations regarding the tax implications of membership in this agreement. Member(s) are encouraged to seek the advice of a competent tax professional for advice regarding any related tax issues.





## Enrollment Form for Twardon Family Care

PATIENT NAME \_\_\_\_\_ Date of Birth \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT INFORMATION (PLEASE CHECK THE BOX FOR THE PREFERRED METHOD TO REACH YOU):

- (HOME): \_\_\_\_\_
- (MOBILE): \_\_\_\_\_
- (WORK): \_\_\_\_\_
- (eMAIL): \_\_\_\_\_

I, \_\_\_\_\_, am a (circle one) NEW // FORMER PATIENT who chooses Twardon Family Care as my out-of-network primary care provider and I opt to join as: (check the appropriate line):

**MEMBERSHIP:**

I would like to pay by Direct Withdrawal in full, up front: \_\_\_\_\_

I would like to pay by Direct Withdrawal Quarterly (every 3 months): \_\_\_\_\_

I would like to pay by Credit Card, in full, up front: \_\_\_\_\_

I would like to pay by Credit Card, Quarterly (every 3 months): \_\_\_\_\_

I would like to pay by check, in full up front: \_\_\_\_\_

I would like to pay by check, Quarterly (every 3 months): \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_