

**PAGING DR. NEIL / PANCHALMED, PC  
PRIVATE PRACTICE PATIENT AGREEMENT**

This Private Practice Patient Agreement (“Agreement”) specifies the terms and conditions under which, you, the undersigned patient (“Patient”) may voluntarily elect to participate in the healthcare offerings offered by PanchalMED PC, a New Jersey professional corporation (“Practice”), doing business as Paging Dr. Neil, which are summarized as follows: one-time routine regardless of medical condition or necessity diagnostic exam with a supportive health data communication plan. The routine regardless of medical condition or necessity diagnostic exam and Health Data Communication Plan are collectively referred to as the Practice’s private fee “Services.”

**SUBSCRIPTION PRACTICE EXPLAINED**

Services are made available by Practice to Patient in exchange for Patient paying private service fees directly to Practice as outlined in Schedule A (“Services Fees”). The patient does not have to visit the doctor, the doctor will come to the patient and provide the routine regardless of medical condition or necessity diagnostic exam. The patient can also choose telemedicine, i.e. video consult option. Services exceed or are beyond those covered or reimbursed by Patient’s Medicare, Medicaid or any applicable private health insurance plan (collectively “Plan”).

**SERVICES AND BENEFITS**

In exchange for Services Fees (as defined below), Practice will make available to Patient the one-time Services. Practice reserves the right to update Schedule A from time to time. Patient will enjoy communications and visits from Practice’s healthcare professionals that are neither hurried nor restricted by Plan coverage/reimbursement requirements.

**SERVICES FEES**

For making the Services available to Patient, the subscribing Patient voluntarily pays Practice Services Fees. Services Fees compensate Practice for making the Services available, payable as specified in Schedule A. Patient will enjoy communications and visits from Practice’s healthcare professionals that are neither hurried nor restricted by Plan coverage/reimbursement requirements. In no event may Patient submit to Medicare or Medicaid any private fee paid for Services, as Services are NOT covered or reimbursed by Medicare or Medicaid. In addition to the Service Fees, Patient agrees to pay the credit card and additional transaction processing fees for the Service as per the current rates. The Service Fees do not include payment for laboratory or radiology testing fees. Any applicable co-payments or deductibles related to Plan-covered services delivered by Practice, to the extent Practice is in-network with the applicable Plan, will be collected by Practice or Laboratory/Radiology Facility from Patient.

**PAYMENT OPTIONS**

If and when the patient decides to receive Services, individual or business, they may enter the enrollment details, which includes signing the patient agreement as per the service selected, as well as the payment details. Services Fees can be paid with debit or credit card. Consideration for cash or payments by check may be at the discretion of the Practice, on an individual basis. Once the payment is complete, the patient can schedule the Service on a desired date.

**ELECTRONIC PRACTICE COMMUNICATIONS**

If Patient wishes to electronically communicate with Practice, Patient must be aware that electronic communication is not a secure medium for sending or receiving sensitive personal health information. Practice will take steps to keep Patient’s electronic communications confidential and secure. Patient acknowledges and understands that electronic communications such as email are often not a good medium for urgent or time-sensitive communications. In the event the communication is time-sensitive, Patient must communicate with Practice by telephone or in-person. Please refer to the separate Electronic Communications Agreement for further applicable details in this regard, which are integrated herein by this reference.

## **APPOINTMENTS AND SCHEDULING**

Services and other related appointments with Practice are scheduled through electronic communication with the Practice's Health Data Communication Plan. Services are designed to be delivered at the Patient's home/workplace, Practice's office, or alternatively via virtual care delivery. If Patient has an urgent concern related to routine diagnostic exam health questions or concerns, Patient shall contact the Practice, but in any emergency, Patient should call 9-1-1 and/or utilize emergency medical services available outside Practice.

## **MEDICARE**

If Patient is or becomes Medicare eligible, Patient acknowledges that Practice is a participating Medicare provider and pursuant to applicable federal regulations Practice will submit reimbursement claims to Medicare for all Medicare-covered services provided to Patient by Practice. In no event may Patient submit to Medicare or Medicaid any private fee paid for Services, as Services are NOT covered or reimbursed by Medicare or Medicaid. Patient acknowledges and understands that Medicare will **not** pay for the Services referenced in Schedule A. Patient will enjoy communications and visits from Practice's healthcare professionals that are neither hurried nor restricted by Plan coverage/reimbursement requirements.

## **COMPLIANCE WITH LAW**

Practice agrees to make Services available for Services Fees with the intent to comply with all applicable laws. This Agreement shall be governed by and construed in accordance with the laws of the state in which Practice is located, without application of choice-of-law principles. If there is a change of any law, regulation or rule, federal, state or local, which affects the Agreement or the activities of either Party under the Agreement, or any change in judicial or administrative interpretation of any such law, regulation or rule, this Agreement shall be deemed modified so as to remain in compliance with such laws.

## **PRACTICE IS NOT AN INSURER**

Practice is not an insurance company and is not promising or delivering unlimited care or services for the Services Fees. Practice presumes that Patient is either eligible for Medicare or otherwise has a private or public Plan that provides health care coverage for essential healthcare services not covered by Services Fees.

**AGREEMENT ASSIGNMENT AND MODIFICATIONS**

This Agreement may not be assigned to any other person by Patient. This Agreement replaces and supersedes all prior agreements of any kind, oral or in writing, between Patient and Practice. This Agreement may not be modified absent a writing signed by Patient and an authorized representative of Practice.

**Patient Information**

Patient				Today's Date
Date of Birth				Social Security #
Address	City	State		Zip Code
Best Phone #		Email		

**PATIENT ACKNOWLEDGES THAT HE/SHE HAS CAREFULLY READ THIS AGREEMENT, WAS AFFORDED SUFFICIENT OPPORTUNITY TO CONSULT WITH LEGAL COUNSEL OF HIS/HER CHOICE AND TO ASK QUESTIONS AND RECEIVE SATISFACTORY ANSWERS REGARDING THIS AGREEMENT, UNDERSTAND HIS/HER RESPECTIVE RIGHTS AND OBLIGATIONS UNDER IT, AND SIGNED IT OF HIS/HER OWN FREE WILL AND VOLITION.**

By signing below, Patient agrees to subscribe to Services under the terms of this Agreement as detailed above and in Schedule A.

**PATIENT:**

**PRACTICE:**

**PAGING DR NEIL /PANCHALMED PC  
A NEW JERSEY PROFESSIONAL  
CORPORATION**



\_\_\_\_\_  
Signature:  
Name:  
Date:

Signature:  
Name/Title: Dr. Neil Panchal  
Date:

**SCHEDULE “A”**  
**Services & Services Fees**

The routine diagnostic exam delivered at Patient’s residence/workplace, the Practice’s office, or as a telehealth visit collectively constitute the “Services.” The Services are supported by the Health Data Communication Plan defined below. The Services and Health Data Communication Plan collectively constitute the private fee “Services.” Patient’s Services Fees are paid in exchange for Practice making Services available to Patient on a one-time basis.

**1. Services**

The routine diagnostic exam component of the Services shall include Practice traveling to Patient’s home or workplace, and as indicated, performance of a physical examination with a possible review of Patient’s medical history, including immunizations and risk factors for infection, and evaluation of possible cosmetic services, and medical marijuana options to address Patient health needs. The routine diagnostic exam component of the Services may be in person or held virtually. Laboratory testing may include assessment of virus testing, urine drug screens, and routine basic lab profiles. The Services follow-up routine diagnostic exam visits will include reviewing laboratory testing results and recommending Patient’s treatment plan as appropriate.

**2. Health Data Communication Plan Service**

Practice will provide Patient the availability of Services to Practice’s online health data storage and communication facilitation platform plan to support the routine diagnostic exam and related Patient education (“Health Data Communication Plan”). The Health Data Communication Plan will facilitate and empower Patient to interact with Practice via electronic communication regarding Practice’s Services received by Patient. The Health Data Communication Plan will facilitate Patient/Practice Services-related communication in efforts to also provide patient with guidance, education and support regarding related Services for Patient, as well as providing a platform to facilitate ongoing electronic communication exchanges between Practice and Patient regarding the Services Practice provided to Patient. Practice’s Health Data Communication Plan will also keep Patient’s medical information electronically stored so that, upon request of Practice’s healthcare professional, information can be retrieved and furnished to Practice’s healthcare professional to further support the Services Services made available by Practice for Patient.

**3. Services Fee:**

Description	Service Fee
Services Fee (Services & Health Data Communication Plan)	
2 Week Health Data Communication Plan	\$300
One-time routine diagnostic exam	\$100

Practice will also offer cosmetic services outside of Plan coverage based on the updated Practice menu of cosmetic services and related charges.

Notes:

The Services are designed to constitute eligible “medical expenses” under the Internal Revenue Code and thus are intended to be eligible for HSA, FSA and HRA funding, but no guarantee regarding eligibility is provided as each patient’s tax reporting and accounting status may vary. Please check with your tax professional or tax preparer for guidance to confirm HSA eligibility, and submit Services Fees to FSA and HRA administrators for potential FSA or HRA funding of Services Fees.