DOC BEE WELL

Multistate Member Services Agreement

Honey Bee Membership

V7.3 — Effective August 8, 2026

1. Parties

Provider: Pacific Northwest Kaizen, PLLC, doing business as Doc Bee Well
Business address: 1201 Pacific Ave, Suite 646, Tacoma, WA 98402
Phone: 253-777-3919 **Fax:** 253-263-7065 **Email:** admin@docbeewell.com

Member/Patient: _____
Primary home state: _____ **Email:** _____
Phone: _____

2. Nature of the Agreement

This Agreement establishes a direct contractual relationship between the Member and Doc Bee Well for the primary care services specifically described in this Agreement.

- This Agreement is not health insurance.
- It does not provide comprehensive health coverage.
- It covers only the services specifically described in this Agreement.
- The Member is responsible for services, supplies, medications, and care that are not included.
- Members are strongly encouraged to maintain separate health insurance or other coverage for services not provided under this Agreement.

3. Eligibility, Licensure, and Location

Honey Bee Membership is available to eligible adults age 18 and older whose primary residence is in a state in which Doc Bee Well offers membership. Doc Bee Well provides medical services only when the treating physician is legally authorized to provide care to the Member in the state where the Member is physically located at the time of the encounter.

- The Member will provide accurate home-state and current-location information.
- For telehealth encounters, the Member will confirm their physical location when requested.
- Services may be deferred, limited, or redirected when the Member is outside a state in which the physician is authorized to practice.
- In-person office services, when offered, are provided only at locations specifically identified by Doc Bee Well.

State-specific provisions in Section 20 apply based on the Member's state and the location in which care is provided. If a state-specific provision conflicts with a general provision of this Agreement, the state-specific provision controls to the extent required by applicable law.

Medicare eligibility. Active Medicare beneficiaries (individuals enrolled in or entitled to Medicare Part A, Part B, or Part C) are not eligible for Honey Bee Membership under Doc Bee Well's current Medicare enrollment status. Age alone does not determine eligibility. If an active Member becomes entitled to or enrolled in Medicare during their membership, the Member must notify Doc Bee Well at least thirty (30)

days before a known Medicare coverage effective date when reasonably possible. Membership will automatically terminate immediately before Medicare coverage becomes effective, and any unearned prepaid fees will be refunded as required by Section 14 and applicable state law.

Permanent move. If a Member permanently moves to a state in which Doc Bee Well cannot lawfully provide the core medical services of the membership, the Member will no longer be eligible for Honey Bee Membership and the Agreement will be terminated in accordance with applicable law.

Temporary travel. Temporary travel outside Doc Bee Well's service area does not automatically terminate membership. However, the physician may be unable to provide telehealth evaluation, diagnosis, treatment, prescribing, or other medical services while the Member is physically located in a jurisdiction where the physician is not authorized to practice. The physician will determine what assistance may lawfully and clinically be provided in each circumstance.

4. Not for Emergency Care

Doc Bee Well does not provide emergency medical services. If you believe you are experiencing a medical emergency, call 911 or go to the nearest emergency department. For a mental health crisis, call or text 988 or seek immediate in-person emergency care. Electronic messages are not continuously monitored, and an immediate response is not guaranteed.

5. Honey Bee Membership Plan

$99 per month for access to an ongoing physician-led primary care relationship and the included services described below, subject to approval, clinical appropriateness, scheduling availability, and applicable law.

- Up to five medically appropriate virtual primary-care visits per calendar month during published office hours.
- Preventive care, chronic disease management, and acute care management when clinically appropriate for the practice setting.
- Routine non-urgent messaging with the physician through approved communication channels.
- Care coordination and referrals.
- Routine patient forms completed without an additional Doc Bee Well form fee when clinically and administratively appropriate.
- A comprehensive metabolic panel (CMP) and lipid panel, each available up to two times per 12-month membership period when ordered by Doc Bee Well as clinically appropriate.
- Waiver of Doc Bee Well's $15 same-day cancellation fee.
- Limited remote patient monitoring when clinically appropriate and mutually agreed upon.

Doc Bee Well may make educational resources, wellness tools, applications, or other optional member benefits available at no additional membership charge. Unless expressly added to this Agreement, availability of optional tools is not guaranteed and they are not part of the core medical services promised by the membership.

6. Term, Renewal, and Enrollment

Membership begins only after Doc Bee Well approves the membership request and enrollment is completed. Submission of a membership request alone does not activate membership or create a charge.

Unless a state-specific provision requires otherwise, membership is month-to-month and renews automatically each month until terminated in accordance with this Agreement. Doc Bee Well does not offer annual or multi-month prepayment under this Agreement.

7. Services Included

Covered services are the Honey Bee Membership benefits specifically described in Section 5. Membership is an access-based primary care relationship; the monthly fee is paid for the practice's availability to provide and provision of the included services, not for a guaranteed quantity of care beyond the limits expressly stated in this Agreement.

8. Services and Costs Not Included

Unless expressly identified as included, the membership fee does not cover in-person office visits, additional laboratory testing beyond the included CMP and lipid benefits, emergency care, hospital services, urgent care, specialty care, imaging, prescription or pharmacy costs, durable medical equipment, major surgery, dialysis, rehabilitation services, procedures requiring general anesthesia, or other services or supplies provided outside the included Doc Bee Well membership services.

Additional fees billed directly by Doc Bee Well for non-covered practice services include an in-person office visit at the Tacoma, Washington office for $165 per visit. Non-covered laboratory testing ordered directly through Doc Bee Well is billed according to the attached Doc Bee Well Published Lab Fee Schedule (Exhibit A), which is incorporated into this Agreement by reference. For any non-covered laboratory test not listed in Exhibit A or subject to a fee adjustment, Doc Bee Well will disclose the exact cash-pay charge to the Member and obtain express Member authorization before ordering or performing the service. Care obtained from independent third parties is outside this Agreement and is subject to those third parties' separate billing policies.

Doc Bee Well may update Exhibit A periodically to reflect changing laboratory costs. Existing Members will receive at least thirty (30) days' advance written notice of any material increase in lab prices before the updated schedule applies to new orders. The version of Exhibit A originally executed with the Member will remain preserved as part of the historical agreement record.

9. Telehealth and Electronic Care

Telehealth may be used when clinically appropriate and permitted by applicable law. Telehealth has limitations, including reduced physical-examination capability and the possibility of technical disruption or privacy risk.

- The Member may be asked to participate by video, audio, remote monitoring, or other legally permitted telecommunications technology.
- The Member is responsible for participating from a reasonably private location and for maintaining accurate contact information.
- If telehealth is not clinically appropriate, the physician may recommend in-person evaluation, urgent care, emergency care, or referral.
- Telehealth consent may be withdrawn as permitted by applicable law; withdrawal may limit Doc Bee Well's ability to provide services remotely.

The separate Doc Bee Well Telehealth Informed Consent and applicable privacy notices are incorporated into the care relationship when presented and accepted through the enrollment or care workflow.

10. Prescription Medications

Prescriptions may be issued only when clinically appropriate and permitted by federal and state law. Controlled-substance prescribing may require an in-person evaluation, identity verification, monitoring, drug testing, prescription-monitoring-program review, or other safeguards. Doc Bee Well does not guarantee that a prescription, controlled substance, refill, prior authorization, or insurance coverage will be provided.

11. Laboratory and Diagnostic Testing

Selected routine laboratory testing may be included only as described in the Membership Guide. Other laboratory or diagnostic testing may be offered through third-party laboratories at an additional cost. Unless expressly included in membership, the Member is responsible for those charges.

12. Home Visits and Remote Patient Monitoring

Remote patient monitoring may be offered when clinically appropriate and mutually agreed upon. Home visits are not included as a Honey Bee Membership benefit.

13. Payment and Automatic Billing

The membership fee is billed monthly in advance after approval and enrollment. The Member is responsible for maintaining a valid payment method and promptly updating payment information. No annual or multi-month prepayment is offered under this Agreement.

If payment fails, Doc Bee Well may provide notice and an opportunity to correct the account before restricting or terminating membership, subject to applicable law and the continuity-of-care obligations of the physician-patient relationship.

14. Termination and Refunds

Termination must be requested or provided in writing. Because state law differs, the effective date of termination, required notice period, and any refund of an unearned prepaid monthly fee are governed by the applicable state-specific provisions in Section 20. Doc Bee Well will stop future automatic billing as required by the effective termination date.

Doc Bee Well may terminate membership as permitted by applicable law and professional obligations, including for nonpayment, fraud, threatening or abusive conduct, repeated material failure to comply with mutually agreed treatment plans or material terms of this Agreement, inability of the practice to provide an appropriate level or type of care, loss of membership eligibility, or discontinuation or closure of the practice. When required, Doc Bee Well will provide reasonable notice and an opportunity to establish care elsewhere. Any unearned prepaid membership fees will be refunded when and to the extent required by applicable law.

15. Changes in Membership Fees or Included Services

Membership fees will not be increased more frequently than once annually for an existing Member. Doc Bee Well will provide at least 60 days' advance written notice of a change in the membership fee, or any longer notice required by applicable law.

Doc Bee Well may update the Membership Guide or included services when reasonably necessary, but will not materially reduce promised services or impose new charges without notice required by applicable law and this Agreement.

16. Insurance and Third-Party Billing

Doc Bee Well does not submit claims to commercial health insurance for services covered by this Agreement. The Member may use insurance or other coverage for services obtained outside Doc Bee Well.

Medicare, Medicaid, employer-sponsored coverage, workers' compensation, and other government or third-party programs may be subject to additional rules. Any required program-specific disclosures or agreements will be provided separately when applicable.

17. Privacy and Communications

Doc Bee Well protects health information in accordance with HIPAA and other applicable privacy laws. Electronic communications carry inherent privacy and security risks. The Member agrees to use approved communication channels and understands that routine messages are not continuously monitored.

18. Member Responsibilities

- Provide complete and accurate health, identity, location, and contact information.
- Keep payment and communication information current.
- Participate in care decisions and ask questions when instructions are unclear.
- Use medications as directed and disclose relevant medication or substance use.
- Seek emergency or higher-level care when advised or when symptoms require it.
- Treat Doc Bee Well staff and other patients respectfully and refrain from threatening or abusive conduct.
- Pay charges for non-covered services that the Member elects to receive after disclosure of the applicable fee.
- Notify Doc Bee Well promptly of a permanent move or change in primary residence that may affect membership eligibility.
- Understand that temporary travel may limit the medical services Doc Bee Well can lawfully provide while the Member is physically located outside a supported jurisdiction.

19. Applicable Law and Entire Agreement

Contractual terms, billing, membership eligibility, and membership administration under this Agreement are governed by the substantive laws of the Member's primary home state recorded at enrollment, and any judicial proceeding concerning contractual disputes shall be brought in a court of competent jurisdiction in that state. Claims concerning professional medical services, including applicable standards of care, are governed by applicable law and subject to the jurisdiction of the state where the Member was physically located when the medical service giving rise to the claim was provided.

Nothing in this Agreement waives rights, remedies, regulatory processes, professional-liability procedures, statutes of limitation, or other protections that cannot lawfully be waived.

When reasonably practicable, the parties are encouraged to provide written notice of a contractual or billing dispute and make a good-faith effort to resolve it informally before commencing formal proceedings. This informal process does not restrict a Member's right to contact a licensing board, regulatory agency, consumer-protection authority, governmental agency, or other lawful forum.

This Agreement, the applicable state-specific provisions, Exhibit A, and any separately presented consent or disclosure expressly incorporated into the enrollment workflow constitute the agreement concerning Honey Bee Membership.

20. State-Specific Provisions

The following provisions supplement the general Agreement for Members receiving services in the identified state. They do not expand Doc Bee Well's licensure or service area; services are provided only when the physician is authorized to practice in the Member's location.

Washington

- This Agreement is intended to comply with Chapter 48.150 RCW governing direct patient-provider primary health care.
- Required Washington coverage notice: "This agreement does not provide comprehensive health insurance coverage. It provides only the health care services specifically described."
- The direct fee is charged monthly. If a Member pays in advance, unearned fees are refunded as required by RCW 48.150.
- An existing Member's fee will not be increased more frequently than annually, and at least 60 days' advance notice will be provided for a fee change.
- Doc Bee Well will not discontinue care solely because of health status and will follow applicable Washington continuity-of-care requirements.
- Washington Office of the Insurance Commissioner: 1-800-562-6900 | insurance.wa.gov
- A Washington Member may terminate the Agreement at will by written notice. If a monthly fee has been paid in advance, Doc Bee Well will promptly refund the unearned portion, prorated as of the date the written termination notice is received, as required by Washington law.

Colorado

- Services are provided under active Colorado medical licensure.
- A qualifying direct primary care agreement is not insurance under applicable Colorado law.
- Telehealth and prescribing are provided in accordance with applicable Colorado law and professional standards.
- Colorado Division of Insurance: 303-894-7490 | doi.colorado.gov
- This Agreement is intended to comply with C.R.S. § 6-23-101 et seq., the Colorado Direct Primary Care Services Act.

Idaho

- Services are provided under active Idaho medical licensure.
- This Agreement is intended to operate consistently with the Idaho Direct Primary Care Act, Idaho Code Title 39, Chapter 92.
- The Agreement identifies the provider, general scope of services, service location, direct fee/payment interval, and termination terms.
- Unearned direct fees will be refunded within the period required by Idaho law following termination.

- Idaho Department of Insurance: 208-334-4250 | doi.idaho.gov
- Idaho statutory disclosure: "This agreement does not provide health insurance coverage. It is recommended that health care insurance be obtained to cover health care services not provided under this agreement."

Missouri

- Services are provided under active Missouri medical licensure.
- Telehealth services are provided within the physician's scope of practice and under the same applicable standard of care as in-person services.
- Controlled-substance prescribing, when applicable, is subject to Missouri and federal law.
- Missouri Department of Commerce & Insurance: 573-751-4126 | insurance.mo.gov
- For Missouri Members, this written Agreement describes the included health care services, agreed fee, and month-to-month period and may be terminated by written notice as provided in this Agreement and applicable law.
- This medical retainer agreement is not health insurance and is not the business of insurance under RSMo § 376.1800.

Ohio

- Services are provided under active Ohio medical licensure.
- This Agreement is intended to qualify as a direct primary care agreement under Ohio Revised Code §3901.95.
- Telehealth and prescribing are provided in accordance with current Ohio law and State Medical Board standards.
- Ohio Department of Insurance: 614-644-2658 | insurance.ohio.gov
- For Ohio Members, termination is accomplished by written notice and will take effect as stated in this Agreement, but not later than 60 days after receipt of the notice. No termination penalty or termination fee is imposed.
- The $99 periodic fee and additional Doc Bee Well fees are specified in this Agreement and Exhibit A. Doc Bee Well will not charge a fee other than a fee prescribed in the Agreement for services prescribed in the Agreement.
- This Agreement is not health insurance, is not subject to Ohio insurance laws applicable to insurance contracts, and does not satisfy any individual health-insurance mandate.

Utah

- Services are provided under active Utah medical licensure.
- Telehealth and prescribing are provided in accordance with applicable Utah law and professional standards.
- Utah Insurance Department: 801-538-3800 | insurance.utah.gov
- For Utah Members, this Agreement describes the specific routine health care services included for the agreed fee and period. Either party may terminate upon written notice as provided in this Agreement and applicable law.
- This medical retainer agreement is not health insurance. Doc Bee Well will not bill an insurer for services provided under the medical retainer agreement; this does not restrict the Member from exercising rights available to the Member under applicable law.
- This Agreement is intended to comply with Utah Code § 31A-4-106.5 governing medical retainer agreements.

Florida

- Services are provided under active Florida medical licensure.
- For Florida Members, this Agreement is intended to comply with F.S. §624.27 governing direct health care agreements.
- For Florida Members, this Agreement is month-to-month and automatically renews monthly. Either party may terminate by giving the other party at least 30 days' advance written notice, except that immediate termination may occur when permitted by F.S. §624.27 for violation of the physician-patient relationship or breach of the Agreement.
- Telehealth services are provided under applicable Florida law, including F.S. §456.47.
- Florida Members may choose their pharmacy, subject to applicable prescribing law and clinical appropriateness.

- If Doc Bee Well ceases to offer the health care services covered by this Agreement, Florida Members will receive any refund of monthly fees paid in advance required by F.S. § 624.27.

Acknowledgement and Signatures

By signing or electronically accepting this Agreement, the Member acknowledges that they have had the opportunity to review this Agreement, the applicable state-specific provisions, Exhibit A, and incorporated notices; ask questions; and receive a copy. The Member understands that Honey Bee Membership is not health insurance and covers only the services described in this Agreement.

FLORIDA MEMBERS ONLY — REQUIRED STATUTORY NOTICE

This agreement is not health insurance and the health care provider will not file any claims against the patient's health insurance policy or plan for reimbursement of any health care services covered by the agreement. This agreement does not qualify as minimum essential coverage to satisfy the individual shared responsibility provision of the Patient Protection and Affordable Care Act, 26 U.S.C. s. 5000A. This agreement is not workers' compensation insurance and does not replace an employer's obligations under chapter 440.

Medicare Active Status Attestation: I certify that I am not currently entitled to or enrolled in Medicare Part A, Medicare Part B, or a Medicare Advantage plan (Part C). I understand that active Medicare beneficiaries are not eligible for Honey Bee Membership under Doc Bee Well's current Medicare participation status. I agree to notify Doc Bee Well at least thirty (30) days before a known Medicare coverage effective date when reasonably possible and understand that membership will terminate immediately before Medicare coverage begins.

Member/Patient name	_____
Primary home state	_____
Member signature	_____
Date	_____
Provider/authorized agent	_____
Date	_____

Wellness is a journey, not a destination.

Exhibit A — Doc Bee Well Published Lab Fee Schedule

Exhibit Version: 2026.2 Effective Date: August 11, 2026

This Exhibit is incorporated into the Honey Bee Membership Agreement executed with the Member. Only patient-facing prices are part of this Exhibit; Doc Bee Well's laboratory acquisition costs and internal pricing methodology are not part of the Agreement.

Included benefit: Comprehensive Metabolic Panel (CMP) and Lipid Panel are each available at $0 up to two times per 12-month membership period when ordered by Doc Bee Well as clinically appropriate. Testing beyond that allowance is available at the additional-test prices shown below.

For any non-covered laboratory test not listed in this Exhibit, Doc Bee Well will disclose the exact cash-pay price and obtain the Member's express authorization before ordering or performing the service. Existing Members will receive at least 30 days' advance written notice before a material increase in this schedule applies to new orders.

Fixed-price reflex testing. Published prices are fixed Member cash-pay prices for the listed test or panel. When a listed test includes automatic reflex testing performed by the laboratory, the Member will not be charged more than the published price solely because the laboratory performs an included automatic reflex.

Environmental allergy pricing. The Environmental Allergy Panel uses the member’s ZIP code to select the appropriate regional respiratory-allergy panel. Depending on region, the Member price is $225, $235, or $240. The exact regional price will be disclosed before ordering.

Common Lab Panels

Panel	Includes	Member Price
Basic Wellness Panel	CBC, CMP, Lipid, A1C	$79.00
Comprehensive Wellness Panel	CBC, CMP, Lipid, A1C, TSH/Free T4	$99.00
Men's Health Panel	CBC, CMP, Lipid, PSA w/Reflex, Comprehensive Testosterone	$109.00
Energy & Fatigue Panel	Iron & Ferritin, TSH/Free T4, CBC	$89.00
Thyroid Health Panel	TSH/Free T4, CMP	$69.00
Women's Health Panel	CBC, CMP, Lipid, TSH/Free T4, Iron/Ferritin, Estradiol	$109.00
Transgender Female Panel	CMP, Estradiol, Comprehensive Testosterone	$119.00
Transgender Male Panel	CBC, CMP, Comprehensive Testosterone	$99.00
Diabetes Monitoring Panel	CMP, hepatic testing, urine microalbumin, A1C, Lipid	$89.00

Individual Laboratory Tests

Prices below are the Member cash-pay prices. Some specialized tests are physician-directed and may not be offered for direct public self-selection. Internal Quest cost, draw-fee calculations, markup percentages, and profit information are intentionally excluded.

Test	Member Price
CBC	$29.00
Iron & Ferritin	$40.00
Iron	$30.00
Liver Function Tests (LFTs)	$30.00
Basic Metabolic Panel (BMP)	$33.00
CMP — beyond included allowance	$35.00
Hemoglobin A1c	$19.00

Lipid Panel — beyond included allowance	$35.00
Testosterone, Total (physician-directed)	$49.00
Comprehensive Testosterone (Total + Free/Bioavailable)	$55.00
TSH / Free T4	$32.00
PSA with Reflex	$40.00
Vitamin D	$49.00
HIV	$88.00
RPR	$30.00
RPR Monitoring (physician-directed)	$30.00
Hepatitis C Antibody (HCV)	$44.00
HCV Quantitative (physician-directed)	$120.00
Pregnancy Test	$30.00
Hepatitis B (HBV)	$40.00
HBV Quantitative (physician-directed)	$120.00
Gonorrhea / Chlamydia Testing	$65.00
HSV 1 & 2	$40.00
Urine Microalbumin	$49.00
Urinalysis (UA)	$30.00
Environmental Allergy Panel (regional; selected by ZIP)	$225 / $235 / $240
Food Allergy Panel (physician-directed)	$234.27
Total IgE	$35.00
Vitamin B12 / Folate	$49.00
Vitamin B12	$40.00
ANA Screen with Titer (physician-directed)	$110.00
Mitochondrial Antibody Titer (physician-directed)	$40.00
ANA with Reflex	$100.00
H. pylori Testing	$130.00
Kidney Profile	$35.00
Magnesium	$30.00
Thiamine (Vitamin B1)	$49.00
Lipase	$35.00
GGT	$25.00
Zinc	$40.00
Vitamin A	$60.00
Vitamin C	$45.00
High-Sensitivity CRP (hs-CRP)	$59.00
C-Reactive Protein (CRP)	$35.00
ESR	$30.00

Rheumatoid Arthritis Panel (RA + CCP)	$110.00
SLE Panel (physician-directed)	$180.00
CK Isoenzyme (physician-directed)	$40.00
Ionized Calcium (physician-directed)	$45.00
Parathyroid Hormone (PTH) (physician-directed)	$60.00
Calcium	$25.00
FSH & LH	$55.00
Estrogen (physician-directed)	$65.00
Progesterone	$45.00
DHEA Sulfate	$40.00
Celiac Disease Panel	$75.00
Tissue Transglutaminase Antibody (tTG Ab) (physician-directed)	$79.00
Endomysial Antibody Titer (physician-directed)	$120.00
Uric Acid	$20.00
Hepatitis Panel	$75.00
MMR Antibody	$70.00
QuantiFERON-TB	$120.00
Fecal Globin / InSure	$75.00
Blood Type	$35.00
Drug Monitoring — Urine (physician-directed)	$140.00
PT / PTT / INR	$45.00
Monospot	$30.00
AM Cortisol	$45.00
Cosyntropin Stimulation Testing (physician-directed)	$59.00
Serum Protein Electrophoresis (physician-directed)	$79.00
Anti-dsDNA (physician-directed)	$40.00
Antiphospholipid Antibody Panel (physician-directed)	$315.00
Complement C3 and C4 (physician-directed)	$65.00
Antithyroglobulin and Anti-TPO Antibodies	$55.00
PTH with Ionized Calcium (physician-directed)	$79.00
Apolipoprotein B	$35.00
Insulin, Free	$75.00
Estradiol	$49.00
Diabetes Panel (physician-directed)	$75.00
Sex Hormone Binding Globulin (SHBG)	$65.00

Schedule note: Tests not listed in this Exhibit may still be available when clinically appropriate. The exact cash-pay price for an unlisted test will be disclosed and expressly authorized before ordering.


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