



Doc Bee Well Member Service Agreement

STATE ADDENDUM – WASHINGTON

Applicable to Patients Physically Located in Washington State

This Addendum supplements the Doc Bee Well Member Services Agreement.

1. This Agreement complies with RCW 48.150 (Direct Health Care Agreements).
2. This Agreement is not insurance and does not provide comprehensive health coverage.
3. The Washington Office of the Insurance Commissioner may be contacted at:
1-800-562-6900 | www.insurance.wa.gov
4. Advance payments are held in a trust account and transferred monthly as earned.
5. Fees will not vary based on health status or sex.
6. Either party may terminate with written notice; unearned fees refunded within 30 days.

This Addendum is incorporated into the Master Agreement.

Patient Signature: _____

Date: _____