



## DOC BEE WELL MEMBER SERVICES AGREEMENT

Wellness.is.a.Journey.Not.a.Destination

### 1. PARTIES

This Membership Services Agreement (“Agreement”) is entered into between:

**Provider:**

Pacific Northwest Kaizen, PLLC  
DBA Doc Bee Well; 1201 Pacific Ave, Suite 646; Tacoma, WA 98402  
Phone: 253-777-3919  
Fax: 253-263-7065  
Email: admin@docbeewell.com

**and**

**Patient:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### 2. NATURE OF AGREEMENT

This Agreement establishes a direct contractual relationship between the Patient and a Washington-based medical practice.

This Agreement:

- Is NOT health insurance
- Does NOT provide comprehensive coverage
- Does NOT satisfy any federal or state insurance mandate
- Covers only the services specifically described herein

Patients are strongly encouraged to maintain separate health insurance for services not included in this Agreement.

### 3. MULTI-STATE TELEHEALTH SERVICES

Doc Bee Well provides services only in states where the Provider is actively licensed.

The Patient agrees that:

- At the time of each encounter, they will be physically located in a state where the Provider holds an active license.
- Services will not be rendered if the Patient is located in a non-licensed state.
- Services are delivered from Washington State.

This Agreement does not establish a physical presence of the practice in any state outside Washington unless specifically disclosed.

### 4. NOT FOR EMERGENCY CARE

Doc Bee Well does not provide emergency medical services.

If you are experiencing a medical emergency:

- Call 911 immediately
- Go to the nearest emergency department

For mental health crises:

- Call or text 988
- Seek immediate in-person emergency care

Electronic messages are not continuously monitored. Immediate responses are not guaranteed.

### 5. MEMBERSHIP PLAN

Benjamin S. Fasbinder, DO, FAAFP

-Doc Bee Well-



### **Honeybee Membership – \$99/month**

**Designed for patients seeking ongoing, relationship-based primary care.**

Includes:

- Unlimited virtual visits during office hours
- Preventive care and chronic disease management
- Routine laboratory testing as described in the Membership Guide.
- Non-urgent communication with your physician through approved communication channels
- Discounted home visits within service area

### **6. SERVICES INCLUDED**

Covered services include:

- Preventive care
- Chronic disease management
- Acute care management
- Telehealth visits
- Care coordination and referrals
- Limited remote patient monitoring

### **7. SERVICES NOT INCLUDED**

The following are NOT included:

- Emergency care
- Hospital services
- Specialty care
- Imaging
- Most laboratory testing
- Pharmacy costs
- Durable medical equipment

### **8. TELEHEALTH CONSENT**

The Patient understands:

- Telehealth involves electronic communication.
- There are inherent risks including technical failure and rare privacy risks.
- Telehealth may not be appropriate for all conditions.
- The Patient may withdraw telehealth consent at any time.

### **9. PRESCRIPTION MEDICATIONS**

Prescriptions may be issued when clinically appropriate.

Controlled substances:

- Are prescribed only in compliance with federal and state law.
- May require in-person visits where required.
- May require monitoring, urine drug screening, and PDMP review.
- Schedule II medications may only be prescribed in states where permitted by law.

Doc Bee Well does not guarantee prior authorization processing.

### **10. LABORATORY TESTING**

Discounted lab pricing may be available through third-party laboratories. Patients are responsible for laboratory fees unless specifically included in membership benefits.

### **11. HOME VISITS**

Available only to established patients within defined service areas. Home visits are not emergency services. Transportation to hospital or emergency facilities is not included.

**12. REMOTE PATIENT MONITORING**

Remote patient monitoring services may be offered when clinically appropriate and mutually agreed upon.

**13. PAYMENT TERMS**

Membership fees are billed monthly.

**14. TERMINATION**

Either party may terminate this Agreement at any time with written notice. Refunds of unearned fees will be issued within 30 days.

**15. FEE CHANGES**

Fees may be adjusted no more than once annually with at least 60 days written notice.

**16. BILLING AND INSURANCE**

Doc Bee Well does not bill insurance for services covered under this Agreement. Patients may use insurance for outside services.

**17. PRIVACY**

Doc Bee Well complies with HIPAA. Electronic communications carry inherent privacy risks. The Patient acknowledges these risks.

**18. PATIENT RESPONSIBILITIES**

The Patient agrees to:

- Provide accurate contact information
- Pay fees as agreed
- Maintain insurance for non-covered services
- Seek emergency care when appropriate

**19. GOVERNING LAW**

This Agreement shall be governed by the laws of the State of Washington.

Disputes shall be resolved in Washington courts unless otherwise required by applicable law.

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**20. ENTIRE AGREEMENT**

This document, together with the applicable State Addendum, constitutes the entire agreement between the parties.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

