



Doc Bee Well Direct Primary Care

Member Services Agreement

(Effective Date: 1/1/2024)

This Membership Service Agreement ("Agreement") is entered into between:

Provider: Pacific Northwest Kaizen, PLLC, DBA; Doc Bee Well ("Direct Practice")

1201 Pacific Ave, Suite 646, Tacoma, WA 98402

Phone: 253-777-3919 | Fax: 253-263-7065

Email: admin@docbeewell.com

Patient: _____

Name ("Direct Patient")

Address: _____ Phone: _____

Email: _____

Purpose and Nature of Agreement

This Agreement establishes a direct patient–provider relationship for the provision of primary care services by Doc Bee Well, PLLC to the Direct Patient. Required Disclosure – RCW 48.150.110: "This agreement does not provide comprehensive health insurance coverage. It provides only the health care services specifically described in this Agreement." You are encouraged to obtain and maintain insurance for services not provided by the Direct Practice. This Agreement is not an insurance plan and is not a contract with a group or employer for covered services. It is an agreement between the Direct Practice and an individual Direct Patient.

Members may schedule appointments as needed for preventive care, chronic disease management, and acute care. Members need to reside in the state that their provider is licensed for care. Same or next-business-day appointments are available for urgent needs. When we see members virtually there are no copayments.

Services Covered

The Direct Practice will provide primary care services, including but not limited to:

- Preventive care and wellness counseling
- Diagnosis and management of acute and chronic conditions
- Telehealth and in-person visits by appointment
- Care coordination and referrals as needed

Covered services are limited to those specifically listed here. All other medical services, including specialty care, hospital services, emergency care, laboratory testing, imaging, and prescriptions are not included and may involve additional costs.

Honeybee Members

Monthly Fee: \$99 per month per patient, covering all included primary care services.

- No Enrollment Fee: No separate or hidden enrollment fee will be charged.
- Payment Method: Paid monthly by the patient or a third party on their behalf.
- Employer Payments: If an employer pays the fee on behalf of the patient, any agreement with the employer will be limited solely to the timing and method of payment (RCW 48.150.050(2)).
- Equal Fees: Direct fees for comparable services will not vary based on a patient's health status or sex.

As a honeybee member, you receive unlimited virtual visits during office hours. Your membership also covers routine lab tests as recommended by your primary care provider and unlimited access to your doctor for questions at any time using our secure patient portal or email. We will do our best to respond to your question within 48 hours (about 2 days). If you are a Honeybee member, you are eligible for discount home visits within the service area.

Worker Bee Members

Monthly Fee: \$75 per month per patient, covering all primary care services included.

- No Enrollment Fee: No separate or hidden enrollment fee will be charged.
- Payment Method: Paid monthly by the patient or a third party on their behalf.
- Employer Payments: If an employer pays the fee on behalf of the patient, any agreement with the employer will be limited solely to the timing and method of payment (RCW 48.150.050(2)).
- Equal Fees: Direct fees for comparable services will not vary based on a patient's health status or sex.

This package includes 5 virtual visits a year and unlimited access to your doctor for questions at any time using our secure patient portal or email. We will do our best to respond to your question within 48 hours (about 2 days). Discount home visits (within the service area) are available to Worker Bee Members. Additional add on visits can be purchased as needed based on published prices.

Preventive and Wellness Care

We will discuss your current health and recommendations for screening tests in accordance with national clinical care guidelines. Promotion of a healthy lifestyle and healthy behaviors is our goal.

Chronic Disease Management

Ongoing care is provided for diseases like asthma, high blood pressure, diabetes, and depression, with the goal of improving quality of life and reducing complications. If specialist care is needed, appropriate referrals will be made. The cost of specialist care is not included in the membership fee.

Gender-Affirming Care

Gender-affirming care will be provided for transgender, non-binary or other gendered persons as deemed medically appropriate.

Home Visits

Available to established patients only (not new patients) and those that are within the defined service area or as approved by Doc Bee Well. When we make a home visit we will take a detailed history, focused exam, assessment, and treatment plan. It may include wound care, simple procedures (skin biopsy, freezing of benign skin lesions, toenail removal, stitches, drainage of abscess and other procedures as clinically indicated). If specimens are obtained for laboratory analysis the laboratory fees are not included in the home visit. If the provider feels that the patient needs transport to the Emergency Room or referral to a Specialist, the cost of these services is not included in the membership fee or the home visit fee. If your provider feels that additional home visits are necessary, these visits will be charged separately.

Prescription Medications

If prescription medication is determined to be clinically necessary by your provider, we will send the prescription electronically to your preferred pharmacy. You can use your insurance to cover the cost of medications as allowed by the plan, but we are usually unable to process prior authorizations. See your Doc Bee Well provider for more information. We encourage our patients to find the best prices possible and often refer them to www.goodrx.com for prescription savings.

Laboratory Testing

We have partnered with Quest Diagnostics to bring you steep discounts on lab tests. Your provider will order the tests they determine are clinically necessary then electronically submit the order to Quest Diagnostics. Patients will need to locate a Quest Diagnostics testing center convenient to them to obtain the specimen. Patients are responsible for covering the cost of the lab test and the lab draw fee. We will discuss such fees with you before ordering. Routine lab tests covered by Honeybee membership include annual complete metabolic panel, lipid screening and routine urine microalbumin (for diabetic patients only). Test results can be accessed online at MyQuest and will be discussed with you by the ordering provider.

Regus Office Visits

Doc Bee Well patients can meet at our Tacoma Regus office for in-person consultations and examinations. Office is located in Tacoma, WA and available by appointment only. Please note, this is not a traditional medical office but rather a consultation space that requires advance notice for scheduling. Regus office visits are not included in membership plans but can be added as needed.

Remote Patient Monitoring

If you need additional monitoring of your health, Doc Bee Well can provide in-home monitoring as an additional service. We do this using one of the approved devices like the iHealth blood pressure cuff, digital pulse oximeter, blood glucose monitor, iHealth digital scale or your continuous glucose monitoring device (Freestyle Libre 3 by prescription only). Patients take measurements at home and can send the results to the provider. This does not provide real-time data, but it can be immensely helpful in monitoring patients and adjusting treatment plans.

Advance Payments and Trust Account

If a patient pays more than one month in advance, funds for future months will be held in a trust account and transferred to the Direct Practice as earned at the end of each month.

Termination and Refunds

Either party may terminate this Agreement at any time by providing written notice. Upon termination the fee will be prorated to the date written notice is received. Any unearned funds will be refunded within 30 days.

Fee Changes

The monthly fee will not be increased for existing patients more than once annually, and at least 60 days' written notice will be given before any change takes effect.

Billing and Insurance

The Direct Practice will not bill any insurance carrier for services covered under this Agreement. Patients are encouraged to maintain insurance coverage for non-covered services.

Patient Rights and Responsibilities

The Direct Practice will:

- Provide timely and accessible primary care within the scope of this Agreement.
- Maintain accurate records of all payments and services provided.
- Provide designated contacts for questions or complaints:

Contact Person: Benjamin Fasbinder, DO, FAAFP

Phone: 253-777-3919 | Email: admin@docbeewell.com

The Direct Patient agrees to:

- Pay fees as required under this Agreement.
- Maintain active contact information on file.
- Understand that this Agreement does not cover all possible medical needs.

Contact Information – Office of the Insurance Commissioner

If you have concerns about this Agreement, you may contact: Washington State Office of the Insurance Commissioner

Phone: 1-800-562-6900

Website: www.insurance.wa.gov

Entire Agreement

This Agreement contains the entire understanding between the parties. It may only be modified in writing and signed by both parties.

Patient Signature: _____ Date: _____

Printed Name: _____

Provider Signature: _____ Date: _____

Printed Name: Benjamin Fasbinder, DO, FAAFP