



Doc Bee Well Financial and No-Show Policies

Please review the “Member Services” Guide posted on Doc Bee Well website, which describes types of services provided. By acknowledging this document, you agree that you have had the opportunity to ask questions and receive answers about its content.

- I acknowledge and understand that the monthly membership fee is paid in consideration for the services outlined in the Member Services Guide. I understand that if my care requires services or supplies that are not included in my membership, the fees for these services or supplies will be discussed with me in advance, and I will be responsible for paying these fees in full at the time of service.
- I acknowledge and understand that this agreement does not provide comprehensive health insurance coverage nor is it a contract of insurance. It only provides primary care health care services as specifically described in the Member Services Guide. I recognize that I am encouraged to obtain conventional private individual, catastrophic, or comprehensive health insurance.
- I acknowledge and understand that the monthly fee paid to Doc Bee Well does not cover the cost of prescription drugs, hospitalization costs, major surgery, dialysis, imaging, rehabilitation services, or procedures requiring general anesthesia, or similar advanced procedures, services or supplies and that I am responsible for any charges incurred for those services performed outside of Doc Bee Well.
- I acknowledge and understand that Doc Bee Well will not bill an insurance carrier, Medicare, or Medicaid for any services provided.
- I acknowledge and understand that if I am enrolled in Medicare, I will receive a copy of the “Medicare Opt-Out Agreement” for review and signature before my first appointment.
- I acknowledge and understand that, to become a member of Doc Bee Well, I must submit a membership fee. Enrollment will include authorization for automatic payment of my membership fee which can be paid monthly or every 3, 6 or 12 months.
- I acknowledge and understand that my monthly membership fee will be automatically transferred from my selected choice of payment on the same day each month. The first day of the month is considered to be the beginning of that month’s services. In the event payment is not received, Doc Bee Well will notify me through my given contact information and may charge a \$25 late fee for any missed payment.
- I acknowledge and understand that Doc Bee Well may add or discontinue services included in the fee or increase my fee schedule at any time and that I will be given at least thirty (30) days’ notice of fee schedule changes.
- I acknowledge and understand that Doc Bee Well may cancel this Member Agreement for cause due to non-payment of fees or for unruly, threatening, or inappropriate behavior by providing me written notice. Doc Bee Well will not cancel this Member Agreement solely on the basis of health status.
- I acknowledge and understand that I am free to cancel this Member Agreement at any time by

providing written notice to Doc Bee Well by email, text, or letter (admin@docbeewell.com; (253) 263-7065; 1201 Pacific Ave, Ste 600, Tacoma, WA 98402). Monthly fees will continue to accrue until the written cancellation is received. I understand that my membership will end the day of my notice, there will be no refund for that month's membership if my notice falls on or after my selected date of payment.

- I acknowledge and understand that delinquent payment may result in termination of membership as well as report to collections.

To keep overhead costs and membership fees down, the following financial and no-show policies apply to all members of the practice:

Method of payment

Individual members must keep a reliable method of payment on file, either a bank account or credit/debit card. It is the member's responsibility to keep this payment method current. Our billing system will send out automatic notifications if a payment does not go through, and patients are expected to respond to those notifications and correct the payment.

Late and Non-Payment

If fees are not paid within 30 days of the due date, members will be notified of the delinquency and are at risk of suspension if not paid in full by 60 days and termination if not paid in full by 90 days.

If terminated, members may not be eligible for reinstatement in the practice, and the practice reserves the right to reinstate at its discretion.

Financial Hardship

If you are unable to pay your fees on time, please contact the office at least 2 business days prior to your scheduled payment date to make arrangements. Members who are experiencing financial hardship are encouraged to contact the office to discuss; accommodation is made on a case-by-case basis.

No-shows and Late Cancellations

Members who do not show up for their appointment or cancel an appointment with less than 24 hours' notice three times will be subject to scheduling restrictions and possible termination.

If cancelling your appointment 24 hours or less prior to an appointment, please text or call the office so that we can open the schedule to other patients.

I have read and understand the information provided above regarding Doc Bee Well Financial and No-Show Policies, have discussed it with my health care provider, counsel and/or legal guardian, and I hereby give informed consent to Doc Bee Well Financial and No-Show Policies.