

This Patient Services Agreement specifies the terms and conditions under which the undersigned patient may participate in the Story Family Medicine Concierge Services Program. This Services Agreement will become effective as of the date set forth in this agreement, and will remain in effect until the end of the term of this agreement, or until requested by the patient, or terminated by the Provider or his office, so long as the patient remains in good standing with the terms of the agreement.

Concierge Services Program: Story Family Medicine will provide for the Patient to receive the Concierge Services through a physician who is participating in the Program.

The Concierge Services include both non-healthcare service amenities and health-related services not covered by insurance. Other service amenities may be offered from time to time, which are subject to limitations.

- 1. Concierge Services Program. The Program provides the following services:
- Dr. Story will be available 24 hours per day, 7 days per week, to answer the Patient's
 questions or respond to concerns. A private, direct line will be provided to personally
 contact Dr. Story, which Dr. Story or his representative will answer personally at all times,
 providing that there may be times during which the phone line may not reach Dr. Story
 due to phone outages, or other situations beyond his control, and he will return the call
 as soon thereafter as he is able.
- Online access to Patient's personal health record allowing Patient easy access to Patient's health information.
- Access to a dedicated VIP Patient Program medical assistant and scheduling agent.
- Personal assistance to offer advice for insurance options, coverage, locating services such as labs and Radiology services, and coordination of care with other providers.
- The Patient will receive expedited referrals to specialists and clinical care coordination by a VIP Clinical Program medical assistant.
- Same day or next day appointments for one hour set aside for the appointment for extended direct attention.

- VIP Patient Program physician will include a comprehensive Patient wellness program geared to Patient's specific needs, including nutrition, exercise and lifestyle counseling for optimized well-being.
- Cell phone and a personal email will be provided to patient.
- Blood draws in office at no charge when not covered by Patient's insurance.
- EKG in office at no charge when not covered by Patient's insurance.
- Reduced cash price for office visits for self-pay patients, labs, and imaging when not covered by insurance.
- Home visits on an as-needed basis.
- No charge for forms to be completed by the physician or his office.
- Expedited Prior Authorization efforts by our office.
- Medically necessary laser treatments, as determined by Dr. Story, that are not covered by Insurance, that are available in Dr. Story's office.
- Weekend appointments will be made available to Concierge Patients on an as-needed basis.
- **Nothing in the above services is intended to replace insurance. It is important for patients to maintain their insurance. The above services do not include any services which are paid for by insurance, and if the Patient's insurance covers the services, they will be provided as per the Patient's insurance plan. Deductibles and copays, which are set by insurance, are required to be collected by law, and Dr. Story's office will collect all deductibles and copays as required by law. Failure to collect insurance copays, co-insurance, and deductibles is considered by Stark Laws to be an illegal kickback to the patient.
- 2. **Concierge Physician**. Dr. Curtis Story is designated by Patient to serve as Patient's Designated Physician in the Program. The Patient understands that Dr. Curtis Story may not be available at all times due to illness, travel, or acute care demands of other patients. If Dr. Curtis Story is not immediately available, Concierge services will be expedited as is available.
- 3. Fees for Medical Services. The Patient shall pay Designated Physician's usual and customary charge for medical services rendered to Patient that are not covered by the Concierge Services Fee. The Patient acknowledges that the Concierge Services Fee, payable by Patient to Concierge, is not insurance or a substitute for insurance, as further described in this Services Agreement.

| initials |
|----------|
| |

- 4. Medical Care Services Excluded from Concierge Services Fee. The Concierge Services Fee specified above covers only the defined Concierge Services. The Concierge will continue to file claims for medical services covered under healthcare plans for which Concierge is a participating provider. The Patient will be financially responsible for payment for all healthcare and medical care services received by Patient from the Designated Physician and his staff. This Services Agreement is not intended to serve as or replace any health plan and should in no manner be considered a form of prepaid healthcare or insurance. This Services Agreement does not extend to any unaffiliated physicians or other healthcare providers, such as hospitals, ambulatory surgery centers, or diagnostic centers.
- **5. Annual Concierge Services Fee**. As compensation for the Program and the Concierge Services, the Patient agrees to pay an annual services/retainer fee to Concierge. Please check the appropriate box for Patient's desired patient status:

[] Individual Patient: \$600 per year
[] Couple: \$1,000 per year

6. **Renewals and Termination**. The annual Concierge Services Fee covers a period of one (1) year. Failure to pay the renewal annual Concierge Services Fee within thirty (30) days from the anniversary of the Effective Date shall result in termination of Patient's membership in the Program.

The Patient may terminate their participation at any time upon thirty (30) days prior written notice to Concierge. If Dr. Story is given proper notice, and feels termination is for a justifiable reason (e.g. the patient has moved out of the service area), the fee may be refundable on a prorated basis.

Dr. Story or his office may terminate this Services Agreement at any time on thirty (30) days' written notice to the Patient. If the Physician or his office terminates this Services Agreement for any reason, the Patient will be entitled to a prorated refund of Patient's annual Concierge Services Fee. Such prorated refund will be based on the number of months Patient has participated in the Program during the then-current annual membership period.

7. **Co-Payments**. The Concierge Services Fee does not affect the co-payments, co-insurance or deductibles that Patient is required to pay pursuant to the terms of the Patient's insurance coverage. The Patient will be financially responsible for any co-payments, co-insurance or deductible amounts required by Patient's insurer.

| initials | ς |
|----------|---|

Self-pay, uninsured patients, or patients with insurance that Dr. Story does not accept, will be provided with additional discounts from the set self-pay rates. However, this is not intended to be an insurance plan, nor to replace an insurance plan.

- 8. Email Communications; Privacy. If Patient wishes to send email communications to and receive email responses from the Designated Physician and/or his/her employees, agents and representatives, including Concierge, Patient should be aware and hereby acknowledges that email is not a secure medium for sending or receiving potentially sensitive personal health information. Although Concierge and the Designated Physician will take reasonable steps to ensure that Patient's communications with Concierge and/or the Designated Physician and/or their respective employees, agents and representatives are kept confidential and secure, the confidentiality of email communications cannot be assured or guaranteed. Patient also acknowledges and understands that email is not a good medium for urgent or time-sensitive communications. In the event a communication is time-sensitive, Patient should communicate with the Designated Physician by telephone or in person. Patient acknowledges and understands that, at the discretion of the Designated Physician, Patient's email may become part of Patient's permanent medical record.
- 9. **Governing Law**. This Agreement shall be governed by and construed in accordance with the internal laws of the State of Florida. Any provision herein that violates statutes of the State of Florida or the United States, will be null and void, and any applicable laws will be followed.
- 10. **Arbitration**. Any controversy or claim arising out of or related in any way to this Services Agreement, or any breach thereof, shall be settled by arbitration in Charlotte County, Florida, in accordance with the rules and procedures of alternative dispute resolution. Such arbitration shall be conducted by an arbitrator selected jointly by the parties. The cost of the arbitrator shall be borne equally by the parties.
- 11. **Entire Agreement/Amendment**. Each of the undersigned agreed to the terms of this Services Agreement, all of which are expressed herein. There are no promises or representations except as set forth herein. No change, addition, or amendment shall be made except by written agreement executed by all parties hereto.

| CONCIERGE : STORY FAMILY MEDICINE, | IIC |
|---|---------------------------------------|
| STORT TAWNET WESTERNE, | |
| Date | By: Curtis Story, M.D. |
| Date | cartis story, wi.b. |
| | Address: 17912 Toledo Blade, Blvd., |
| | Suite A |
| | Port Charlotte, FL 33948 |
| | Phone: (941) 875-9059 |
| | Email: admin@storyfamily medicine.com |
| | |
| PATIENT: | |
| Print Name: | |
| | Phone: |
| Date | |
| Address: | |
| | |
| Signature | |
| Sibilatal C | |