Xpedited Care Membership Agreement

Xpedited Care LLC
1204 N Houston Levee Road, Suite 114
Phone: (901) 421-5000
Email: info@xpeditedurgentcare.com
Website: www.xpeditedurgentcare.com

Patient Name: _____
Date of Birth: _____
Effective Date of Agreement: _____

This Membership Agreement ("Agreement") is entered into between Xpedited Care LLC ("Clinic") and the above-named patient ("Patient") for the purpose of providing direct primary and urgent care services on a membership basis.

This Agreement is not health insurance and does not replace health insurance coverage. Patients are encouraged to maintain insurance for services provided outside of the Clinic, including hospitalizations, specialty care, imaging, or major medical services.

2. Term and Termination

- This Agreement begins on the Effective Date and continues a month-to-month or annual basis, depending on the payment plan selected.
- Either party may terminate this Agreement at any time with 30 days' written notice.
- The Clinic may terminate immediately for nonpayment, misuse of services, or inappropriate behavior toward staff.
- Fees already paid for the current billing period are non-refundable.
- **Enrollment Fee will be $40**

Plan Type	Fee	Details
Individual	$75/month	Includes services listed in Section 4
Family (up to 4 members)	$250/month	(additional family members $25 each) Includes services listed in Section 4
Urgent Care Visit Fee	$25 per visit	Applies after included monthly visits are used

- Membership fees are automatically charged for each billing period to the payment method on file.
- Fees may be adjusted annually with 30 days' written notice to members.

- Unused visits or services do not roll over to the next month.

4. Services Included in Membership

Members receive access to the following services during regular business hours (Mon–Fri 8:00 AM–6:00 PM; Sat–Sun 9:00 AM–3:00 PM):

- Unlimited primary care visits
- Up to 2 urgent care visits per month ($25 applies after included monthly visits are used)
- 1 annual physical examination
- 1 telehealth visit per month
- **Basic** in-house labs, including strep, flu, urinalysis, glucose, pregnancy test, and similar point-of-care tests
- Coordination of care and medical record access
- Several in-house medications available at additional costs

5. Services Not Included (Billed Separately)

The following services are not included in the membership fee and will not be covered if performed:

- Specialist consultations or outside referrals
- Specialty laboratory tests not performed in-house (e.g., STD testing, Allergy Panels)
- Hospital admissions, emergency room care, and transportation via Ambulance
- Injury procedures (e.g., sutures, splinting, wound repair)
- IV hydration treatments
- Antibiotic injections or sinus cocktails
- Any other procedures or medications not listed in Section 4

6. Insurance and Third-Party Billing

- Xpedited Care LLC does **not bill insurance**, Medicare, or Medicaid for services provided under this Agreement.
- This Agreement is a direct care relationship between the Patient and the Clinic.
- Patients are encouraged to maintain health insurance coverage for services not provided by the Clinic but not required.

7. After-Hours and Emergency Care

- After-hours calls or visits may be offered at the provider's discretion and may incur additional fees.
- In case of emergency, patients should dial 911 or go to the nearest emergency department.

8. Payment Authorization

Patient authorizes Xpedited Care LLC to charge the membership fee to the payment card method on file automatically each billing cycle until the Agreement is canceled in writing.

9. Communication and Privacy

- The Clinic complies with HIPAA regulations to protect patient information.
- You allow the clinic to send reminders, scheduling messages, and simple non-urgent medical advice without violating HIPAA. We may use Email, telephone, and Patient Portal.

10. Entire Agreement

This document constitutes the entire Agreement between the Clinic and the Patient. No other verbal or written promises are binding unless signed by both parties.
Any modifications must be made in writing and signed by both parties.

Signatures

Patient Name:
_____

Signature:
_____

Date:
_____

Clinic Representative (Xpedited Care LLC):

Rep Name:
_____

Signature:
_____

Date:
_____