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Wholesome Family Medicine Concierge Plan Membership Rights and Responsibilities

Patient Name: _____ **DOB:** _____

Today's Date: _____ **Plan Selection:** **Basic** **Advanced**

Member Rights

Access: Members of Wholesome Family Medicine (WFM) will maintain access to their provider outside of office visits via secured patient portal, office phone number during business hours, and after hours line for urgent matters outside of normal business hours. It is understood that patients should always call if a matter is urgent or if they wait more than 7 days for portal reply. Should you call the after- hours line and leave a message and not hear back within 2 hours and still have an urgent concern, please call again.

Participation: As a member, patients can expect standard follow-up visits to be scheduled for 30-45 minutes to allow for time addressing all relevant complaints with caring holistic-minded providers who will work with our members to develop a personalized and coordinated care plan. We will review and inform you on available treatment options appropriate to your condition. After reviewing options you will be asked to participate in decisions regarding your care. You will always have the right to refuse treatment and the option to state your wishes regarding treatment. Our providers and staff will work above and beyond expectations to help coordinate your care including referrals, obtaining prior authorizations, assisting with appeals, and generally managing your care in a holistic and personalized manner.

Records: You are always able to access your medical records via our online portal or if you need these in a different manner please provide a written request to our office. You

may be charged a reasonable duplication cost for us providing a copy of your records either digitally or hard copy.

Non-discrimination: Members can expect to be treated with respect, fairness, and dignity at all times. Our providers will ensure that you will not be treated adversely or discriminated against as a result of exercising your rights. Should you require language translation for your visit, please alert our staff at the time of scheduling and interpreter services will be provided. Should you require any documentation in a language other than English or auxiliary aids, please notify the front desk. Our office is ADA compliant including ramps for steps and an accessible bathroom. Should you have any questions or concerns about accessibility please alert our staff. Your personal health information will be protected according to HIPAA privacy laws. We will also maintain the highest degree of transparency including details of our member plan, covered services, and all associated financial obligations.

Member Responsibilities

To maintain the relationship and receive the benefits of membership with our clinic, the following obligations are expected:

Financial: Members are expected to pay their monthly membership fee on the 5th of every month. Members will be required to keep a credit/debit card on file for these charges which will be automatically charged. Should your card decline or expire you will receive a notification via email that your subscription payment failed. Should you fail to resolve this by the 10th of the month you can expect direct communication from our office, and should the situation not be resolved at that time any upcoming scheduled non-covered services will be cancelled, and you will lose access to the additional membership benefits listed in the plan including extended multi-problem visits. Should you decide to no longer maintain your care at WFM, we require 30 days written notice and we will assist you in transferring your care and records to a provider of your choice.

Patients are expected to understand their insurance benefits including deductible and copays. Patients are also expected to verify insurance coverage for services ***including telehealth* at least 24 hours before such services are rendered.** While telehealth services were covered universally during Covid, many plans are no longer covering telehealth visits. We will always do our best to be transparent with our billing and should you not understand something on your bill you are always welcome to reach out to our office. Should we be aware that a service is not covered by your insurance we will do our best to inform you ahead of time and when required/appropriate



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patients will be asked to sign forms acknowledging the non-covered service cost. Patients are expected to pay their due balance in a timely manner. Should you be unable to pay your balance in full, please contact our office asap to set up a payment plan. Should you accumulate a past due balance > \$50 without good faith effort to make payment arrangements you may be denied or deferred further services at our office and your debt forwarded to collections per our financial policy.

Insurance: Members are encouraged to maintain standard health insurance to cover services such as lab fees, emergency care, specialist visits, etc. that are not explicitly covered by the membership plan. Members are required to keep their insurance **up to date and on file with our office**, even if they choose a plan that bypasses our direct billing for this, so that we can utilize this information for things such as prior authorizations and send the information to labs etc. Members who are continuing to use their insurance for visits are expected to understand and verify their covered benefits, ***including telehealth coverage***, prior to services being rendered by our office.

Participation: Patients are expected to be active participants in their healthcare journey. You are encouraged to ask questions and should you not understand an element of your care plan please speak up so that we can do our best to explain your plan in a manner which you understand.

Cooperation: Patients are expected to cooperate and follow agreed-upon treatment plans and protocols. Should you change your mind or be unable to follow through with your plan after your visit you are expected to inform our office as soon as possible to avoid any lapses in care or potential harm.

Respect for other Patients, Staff, and Providers: Our office has a zero-tolerance policy for abusive behavior. We understand that sometimes healthcare can be a frustrating process and if you get upset that is understandable, but please remember that we are often constrained by regulations and insurance that don't always feel like they make sense. Yelling, cursing, or threatening staff or providers is never an acceptable

response. If you have a complaint about any treatment at our office we would ask you to please write down your concerns with as much detail as possible and this will be reviewed by our office manager and owner in as timely manner as possible. Should you behave in an abusive manner you will be asked to leave the premises and should this behavior continue or ever be severely threatening further action including law enforcement involvement and discharge from the practice.

Honesty and Communication: Patients are expected to fully and accurately report their health history and current information to the best of their ability. This includes reporting any and all changes in medication including prescriptions, supplements, etc. We strongly encourage patients to call the office prior to starting any new over-the-counter treatments so that your provider can review and ensure there are no interactions with your current treatment plan.

FAQs

How and when will these fees be charged?

- Membership fees will be automatically billed monthly to a card on file on the 5th of the month. Fees are as noted above for each membership type.
- Family discounts apply only to *same household* i.e. same physical address.

What if I don't want to put a card on file?

- While we encourage a card on file for monthly payments of membership fees we understand that some patients would prefer to pay via cash or check. If you should choose this route we would encourage auto-pay checks from your bank set on a monthly schedule to avoid any delays in payment and for cash paying membership would encourage payment in quarterly deposits.

Is my membership fee reimbursable?

- The membership fee will remain completely separate from your insurance and covers the benefits noted above. This means that your standard medical insurance will not cover your membership fee. Your fee may be reimbursable through some FSA/HSA plans but it is your responsibility to receive this approval/reimbursement.

Will I need to sign a contract?

- You will sign an annual "Membership Rights and Responsibilities" form which outlines the expectations with this membership plan along with your rights as a



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patient of our clinic.

- Medicare members will sign a once per year ABN (Advanced Beneficiary Notice) stating that they understand that the membership fee is not covered by their Medicare but that it includes the benefits noted above.
- Medicaid members will sign a monthly ATP (Agreement to Pay) form that will arrive digitally the week prior to your membership fee being charged. Should you fail to sign this form your membership may be cancelled.

Why can't Medicare/Medicaid eligible patients opt for the Advanced Membership?

- Medicare (including Atrio and other advantage plans) and Medicaid (Oregon Health Plan or Cascade Health Alliance) specifically stipulate in our contracts that if we want to stay "in network" that we cannot charge patients out of pocket for a service that their insurance would normally cover like provider and nurse visits.

What if I don't have insurance but don't want the Advanced Membership?

- If you are uninsured and want to continue care at WFM but don't want or need the Advanced Membership you can opt to select the Basic Membership and enjoy the benefits of it but continue to be a self-pay per visit patient.
- We do require payment at the time of service and offer a 30% discount for payment received the same day as your visit as a courtesy to our self-pay patients.

What if I can't afford the membership fee?

- In compliance with our insurance contracts, we cannot and will not deny care to any currently established patients. HOWEVER, one of the included benefits with the membership is access to scheduling extended visit time to allow us to continue to treat holistically. Those patients who are not signed up for one of the plans above will be scheduled for standard 15 minute "one problem" visits or "wellness only" visits (wellness visits can be scheduled up to once per year for men and twice for women) like most standard primary care. Please understand

that this is NOT how we prefer to see our patients and we very much encourage all patients to select a membership plan.

- There are VERY limited scholarships available for memberships for long term established patients who can demonstrate and verify significant financial hardship. These will be personally reviewed on a case-by-case basis by Dr. Blevins.

What if I choose the Advanced Membership but want to submit it myself to insurance?

- Let us know if you would like to submit your own claim for direct reimbursement for visits and services that would normally be covered by insurance and we can help to provide this documentation for you to submit directly. Please understand that beyond providing the document, we will be unable to assist you in this process.

What if I decide to leave WFM?

- If you decide that this plan is not right for you or your family, please let us know in writing as soon as possible. We are happy to help you in the transition to the provider/clinic of your choice. Please see our staff for more information on accessing your medical records.

What if I leave and then later decide to come back?

- Legally you are considered established as long as you are seen once every 3 years. If you go more than 3 years without being seen by a provider in our office then you would be considered a “new patient” again. As of 10/2023 WFM has been closed to new patients and if you lose your established status, you may or may not be able to re-establish.
- That said, we do encourage all patients to be seen at least once per year for a wellness checkup so if something urgent comes up we have all of your up-to-date information on file.



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Membership Inclusions/Exclusions

	Basic Membership This is the option for those with low deductible/co-pay insurance plans including Medicare/Medicaid	Advanced Membership This is a great option for those without insurance or with high deductible/co-pay plans. This option is NOT available for those with Medicare/Medicaid.
Cost	\$25 per month (family cap \$100)	\$100 per month (family cap \$300)
Insurance Billing?	Yes for covered services (deductibles and copays apply)	No, you agree to have us NOT bill your insurance for services at WFM
Supplement Discount	10% both in office and online	20% both in office and online
Prolotherapy Discount	Half price prolotherapy injections - \$100 for major joints, \$50 for minor joints	One prolotherapy session included up to once per month (schedule allowing)
Cryoskin Discount	Cryofacial: \$100 (normally \$250) Fat freezing/toning: \$150 (normally \$300) Cryo pain: \$20 (normally \$30)	Cryofacial: \$100 (normally \$250) Fat freezing/toning: \$150 (normally \$300) Cryo pain: \$20 (normally \$30)
Included Service (\$25-30 value)	One of the following per month: - Cryo Pain Treatment - Ionic Foot Detox - Hyperbaric oxygen session (one time \$5 mask fee) -	One of the following per month: - Cryo Pain Treatment - Ionic Foot Detox - Hyperbaric oxygen session (one time \$5 mask fee)
Provider Visits	30-45 minute follow up visits billed to insurance (copays and deductibles apply)	One 30-45 min. provider follow up visit per month (schedule allowing) included with membership. Additional visits \$100-200 depending on time scheduled.
MA Visits	As needed MA visits for things like UAs, injections, lab draws, etc with normal insurance billing (co-pays and deductible apply)	Up to two MA visits per month included for lab draws, Toradol/triamcinolone injection, MIC B12 injection, UA (additional services will incur additional charges which varies by service provided)

GLP Injections	Not included with membership	10% discount on GLP injections (pricing dependent on medication and dose)
Migraine Push	Not included with membership (standard insurance billing)	Up to once per month included with additional charges for more often
IV Hydration or IV Nutrients	Not included with membership (standard insurance billing)	Discounted IV hydration and IV nutrient therapy
Telehealth	ONLY included for those who pre-verify that their insurance plan includes this benefit	Included with no insurance verification needed
After Hours Phone Access	Included with standard insurance billing for phone consults	Up to two after hours calls per month included with membership

I fully understand the membership plan options outlined above. I have had an opportunity to ask questions and have them answered.

Patient name: _____ DOB: _____

Signature: _____ Date: _____

Relationship (for legal representative) _____