

# Cedar & Stone Medical

## Direct Primary Care Member Agreement

450 NW Gilman Blvd, Suite 205 | Issaquah, WA | (425) 522-5901  
cedarandstonemedical.com

### 1. PARTIES TO THIS AGREEMENT

This Direct Primary Care Member Agreement ("Agreement") is entered into between:

**Provider: Cedar & Stone Medical, Dr. Jennifer Spence, MD, MBA**

Address: 450 NW Gilman Blvd, Suite 205, Issaquah, WA

Phone: (425) 522-5901

Member: The individual completing electronic enrollment through Cedar & Stone Medical's registration system, whose information is captured at the time of sign-up.

### 2. SCOPE OF SERVICES

Membership includes unlimited access to the following primary care services:

- Comprehensive annual wellness exams and preventive care
- Acute illness and injury evaluation and treatment
- Chronic disease management (diabetes, hypertension, thyroid, etc.)
- In-office procedures (wound care, splinting, skin biopsies, EKGs, etc.)
- Same-day or next-day appointments (when clinically appropriate)
- Extended appointments with no time pressure
- Direct phone, text, and email access to Dr. Spence
- After-hours and telehealth consultations
- Care coordination with specialists and hospitals
- Wholesale lab pricing and discounted imaging referrals

*Services NOT included: specialty care, hospitalization, emergency room visits, surgical procedures, medications, and other services outside the scope of primary care.*

### 3. MEMBERSHIP FEES

Membership fees are charged on a monthly basis per the schedule below. Fees are due on the same calendar day each month.

Member Category	Monthly Fee	Annual Fee
1st Family Member (Adult)	\$250	\$3,000
2nd Family Member	\$200	\$2,400

Member Category	Monthly Fee	Annual Fee
3rd Family Member	\$75	\$900
4th Family Member	\$75	\$900
Family Monthly Maximum	\$625	\$7,500

Family pricing applies to members enrolled at the same address. The family monthly maximum of \$625 applies when the sum of individual fees would otherwise exceed this amount. The 1st family member must be an adult (age 18+). Children are eligible as 3rd and 4th members at \$75/month each.

Fees are subject to annual adjustment. Members will receive a minimum of 60 days' written notice of any fee changes.

#### 4. PAYMENT & BILLING

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- Fees are collected by automatic payment on file. Accepted methods: bank accounts (ACH), debit cards, and HSA/FSA cards are processed with no additional fee. Credit cards are accepted with a 3% processing fee.
- A valid payment method must be maintained at all times.
- Returned or failed payments are subject to a \$25 processing fee.
- Accounts 30 days past due may result in membership suspension.
- Membership does NOT replace health insurance. Members are advised to maintain insurance or a cost-sharing plan for hospital, specialist, and emergency services.

#### 5. TERM & TERMINATION

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This Agreement begins on the date signed and continues month to month. Either party may terminate with 30 days' written notice.

- Member termination: Written notice may be submitted by email or letter. Fees paid for the current month are non-refundable; no additional fees will be charged after the 30-day notice period.
- Provider termination: Cedar & Stone Medical may terminate this Agreement with 30 days' notice for any reason, including non-payment, conduct that is disruptive or harmful to staff or other patients, or if the physician is no longer able to practice.
- Upon termination, the Provider will assist in transition of care and provide records as requested.

#### 6. THIS IS NOT INSURANCE

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This Agreement is a direct contract for primary care services between the Member and Cedar & Stone Medical. It is NOT health insurance, a health maintenance organization (HMO), or a prepaid health plan. It does not cover hospitalization, specialist care, emergency services, or prescription drugs. The Member is solely responsible for any costs outside the scope of services defined in Section 2.

#### 7. MEMBER RESPONSIBILITIES

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- Keep a current payment method on file at all times.

- Provide accurate and complete health information.
- Notify the practice of address, phone, or insurance changes promptly.
- Maintain a separate health insurance or cost-sharing plan for non-primary care needs.
- Communicate respectfully with Dr. Spence and all practice staff.

## 8. PRIVACY & RECORDS

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Cedar & Stone Medical maintains the confidentiality of all protected health information in accordance with the Health Insurance Portability and Accountability Act (HIPAA). A separate Notice of Privacy Practices is provided at enrollment. Members have the right to access, amend, and request copies of their medical records.

## 9. LIMITATION OF LIABILITY

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Cedar & Stone Medical provides primary care services only. The Provider shall not be liable for any injury, loss, or damage arising from services outside the scope of this Agreement, from the Member's failure to seek timely emergency care, or from referrals to outside specialists or facilities. Nothing in this Agreement limits liability for gross negligence or willful misconduct.

## 10. DISPUTE RESOLUTION & GOVERNING LAW

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This Agreement is governed by the laws of the State of Washington. Any disputes arising under this Agreement shall first be addressed through good-faith negotiation between the parties. If unresolved, disputes shall be submitted to binding mediation in King County, Washington before any litigation is commenced.

## 11. ENTIRE AGREEMENT & AMENDMENTS

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This Agreement constitutes the entire understanding between the parties regarding membership services and supersedes all prior representations or agreements. Amendments must be in writing and signed by both parties. Cedar & Stone Medical reserves the right to update this Agreement with 60 days' advance written notice to the Member.

## ACKNOWLEDGMENT & SIGNATURES

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By signing below, the Member acknowledges that they have read, understand, and agree to all terms of this Agreement.

Member Signature \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature (if Member is a minor) \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Provider Signature — Dr. Jennifer Spence, MD, MBA

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Date: \_\_\_\_\_