# YOUniversal Care

YOU Are Now in Control

## Community Concierge™

HEALTHCARE MEMBERSHIP PROGRAM

## COMMUNITY CONCIERGE™ PARTICIPATING PROVIDER AGREEMENT

This Participating Provider Agreement ("Agreement") is made between YOUniversal Care, LLC ("YOUniversal Care") and the undersigned healthcare provider or practice ("Provider"). Provider agrees to participate in the Community Concierge™ Healthcare Membership Program ("Program") in accordance with the terms set forth in this Agreement and in the **Community Concierge™ Provider Operations & Compensation Schedule** ("**Schedule**"), which is incorporated into and made part of this Agreement by reference.

**Structured to satisfy the requirements for Direct Primary Care arrangements under Internal Revenue Code §223, as amended by the One Big Beautiful Bill Act. Members should consult their tax advisor regarding individual eligibility.**

### 1. PROGRAM

Community Concierge™ is an annual healthcare membership program. Patients enroll using the official YOUniversal Care Consumer Enrollment Packet and select either an Office & Virtual Healthcare Membership or an Office Visits Only Healthcare Membership.

### 2. PROVIDER RESPONSIBILITIES

- ✓ Honor the Community Concierge™ membership selected by each enrolled member.
- ✓ Provide services consistent with accepted standards of care.
- ✓ Maintain all required licenses, certifications, malpractice coverage, and HIPAA compliance.
- ✓ Maintain appropriate clinical records.
- ✓ Support member access to My MD Hub Health Records when applicable.

### 3. PROVIDER COMPENSATION & OPERATIONS

Provider compensation, billing procedures, membership terms, and all program operations are set forth in the Community Concierge™ Provider Operations & Compensation Schedule, which is incorporated into this Agreement by reference.

### 4. TERM & TERMINATION

This Agreement remains in effect until terminated by either party upon thirty (30) days' written notice. Termination does not affect compensation earned prior to the effective date of termination.

### 5. PARTICIPATING PRACTICE INFORMATION

Practice Name:
Practice Address:
Primary Contact:
Phone: Email:

### ELECTRONIC SIGNATURES

**PARTICIPATING PROVIDER REPRESENTATIVE**

Name:
Title:
Signature:
Date:

**YOUNIVERSAL CARE REPRESENTATIVE**

Name:
Title:
Signature:
Date:

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Thank you for partnering with YOUniversal Care to bring affordable, accessible healthcare to more families.



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HEALTHCARE MEMBERSHIP PROGRAM

## COMMUNITY CONCIERGE™ PROVIDER OPERATIONS & COMPENSATION SCHEDULE

*(Incorporated into the Participating Provider Agreement)*

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### 1. CURRENT MEMBERSHIP OPTIONS

**OFFICE & VIRTUAL HEALTHCARE MEMBERSHIP**

- ☐ 4 Office Visits + 4 Virtual Visits
- ☐ 6 Office Visits + 6 Virtual Visits
- ☐ 8 Office Visits + 8 Virtual Visits

**OFFICE VISITS ONLY HEALTHCARE MEMBERSHIP**

- ☐ 4 Office Visits
- ☐ 6 Office Visits
- ☐ 8 Office Visits

### 2. PROVIDER COMPENSATION

| COVERED ENCOUNTER | PROVIDER REIMBURSEMENT |
|---|---|
| Covered Office Encounter | **$70.00** |
| Covered Virtual Encounter | **$50.00** |

Reimbursement applies only to completed covered encounters included within the member's selected healthcare membership.

### 3. PROGRAM OPERATIONS

- ☐ **Twelve (12) Month Memberships:** Members enroll for a twelve (12) month term.
- ☐ **Monthly Payments:** Monthly payments are a payment option only and do not create month-to-month memberships.
- ☐ **Household Sharing:** Household members may share visits under the selected membership when permitted by the participating provider and consistent with the membership selected.
- ☐ **Provider Billing:** Providers bill YOUniversal Care only for completed covered encounters included within the member's selected membership.
- ☐ **Non-Covered Services:** Services outside the selected membership remain the responsibility of the patient and/or insurance according to the provider's normal policies and applicable law.
- ☐ **My MD Hub Health Records:** My MD Hub Health Records are included for Community Concierge™ members. Providers agree to support member access in accordance with program requirements.

### 4. REVISION POLICY

YOUniversal Care may update this Provider Operations & Compensation Schedule upon thirty (30) days' written notice to participating providers. Updates to this Schedule do not require execution of a new Agreement unless otherwise stated.

### PROVIDER ACKNOWLEDGMENT

The Participating Provider acknowledges receipt of and agrees to operate in accordance with this Provider Operations & Compensation Schedule.

**PARTICIPATING PROVIDER REPRESENTATIVE**

Signature:
Date:

**YOUNIVERSAL CARE REPRESENTATIVE**

Signature:
Date:

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