



Membership Agreement

This is an Agreement between Oviedo Direct Primary Care, L.L.C., a Florida S-Corporation, located at 519 Lake Charm Ct, Oviedo, FL 32765, Melissa Odom, APRN, FNP-BC (Advanced Practice Registered Nurse, Family Nurse Practitioner Board Certified) in her capacity as an agent of Oviedo Direct Primary Care, LLC, and you, (Patient).

Background

The APRN, who specializes as a family nurse practitioner board certified, delivers care on behalf Oviedo Direct Primary Care, L.L.C., at the address set forth above. In exchange for certain fees paid by You, Oviedo Direct Primary Care, L.L.C., through its APRN, agrees to provide Patient with the Services described in this Agreement on the terms and conditions set forth in this Agreement.

Definitions

1. Patient. A patient is defined as those persons for whom the APRN shall provide Services, and who are signatories to, or listed on the documents attached as Appendix 1, and incorporated by reference, to this agreement
2. Services. As used in this Agreement, the term Services, shall mean a package of services, both patient care and non-patient care, and certain amenities (collectively "Services"), which are offered by Oviedo Direct Primary Care, L.L.C., and set forth in Appendix 1.
3. Terms. This agreement shall commence on the date electronically signed during online enrollment or date signed by the parties below and shall continue for a period of one month, automatically renewed.
4. Fees. In exchange for the services described herein, Patient agrees to pay Oviedo Direct Primary Care, L.L.C., the amount as set forth in Appendix 1, attached. This fee is payable upon execution of this agreement and is in payment for the services provided to Patient during the term of this Agreement. If this Agreement is cancelled by either party before the agreement termination date, then THRIVE MEDICAL shall refund the Patient's pro- rated share of the original payment, remaining after deducting individual charges for services rendered to Patient up to cancellation.
5. Non-Participation in Insurance. Patient acknowledges that neither Oviedo Direct Primary Care, L.L.C., nor the APRN participates in any health insurance or HMO plans or Medicare or Federal Healthcare panels. Neither of the above make any representations whatsoever that any fees paid under this Agreement are covered by your health insurance or other third-party payment plans applicable to the Patient. The Patient shall retain full and complete responsibility for any such determination. If the Patient is eligible for Medicare, or during the term of this Agreement becomes eligible for Medicare, then Patient may not be eligible for Oviedo Direct Primary Care, L.L.C. services. If the Patient selects a Provider that has opted out of Medicare, Medicaid, or any Federal Healthcare Plan, then a membership relationship may be established. In ALL cases, the patient is required to sign and date the Advanced Beneficiary Notice of Non coverage (ABN) (See Appendix 2) and the Medicare Patient Agreement form. The Patient is responsible for providing a signed copy of the ABN. Failure to provide a signed copy of the ABN will result in an Option 2 selection, "I want the items or services listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment, and I cannot appeal if Medicare is not billed". This agreement acknowledges your

understanding that the APRN will not seek reimbursement from Medicare, Medicaid, or any Federal Healthcare panels and as a result, Medicare, Medicaid, or any Federal Healthcare panels cannot be billed for any services performed for you by the APRN. You agree not to bill Medicare, Medicaid, or any Federal Healthcare panels or attempt Medicare, Medicaid, or any Federal Healthcare panel reimbursement for any such services.

6. Insurance or Other Medical Coverage. Patient acknowledges and understands that this Agreement is not an insurance plan, and not a substitute for health insurance or other health plan coverage (such as membership in an HMO). It will not cover hospital services, or any services not personally provided by Oviedo Direct Primary Care, L.L.C., or its Providers. Patient acknowledges that Oviedo Direct Primary Care, L.L.C. has advised that patient obtain or keep in full force such health insurance policy(ies) or plans that will cover Patient for general healthcare costs. Patient acknowledges that this Agreement is not a contract that provides health insurance, and this Agreement is not intended to replace any existing or future health insurance or health plan coverage that Patient may carry.

7. Term; Termination. This Agreement will commence on the date first written above and will extend monthly thereafter. Notwithstanding the above, both Patient and Oviedo Direct Primary Care, L.L.C. shall have the absolute and unconditional right to terminate the Agreement, without the showing of any cause for termination, upon giving 30 days prior written notice to the other party. Unless previously terminated as set forth above, at the expiration of the initial one-month term (and each succeeding monthly term), the Agreement will automatically renew for successive monthly terms upon the payment of the monthly fee at the beginning of the contract month.

8. Communications. Patient acknowledges that communications with the Provider using e-mail, facsimile, video chat, instant messaging, and cell phone are not guaranteed to be secure or confidential methods of communications. Oviedo Direct Primary Care, L.L.C. currently utilizes HINT HEALTH for membership management and SPRUCE HEALTH for communication and telemedicine, both of which are compliant with Health Insurance Portability and Accountability Act (HIPAA) of 1996. As such, you expressly waive the provider's obligation to guarantee confidentiality with respect to correspondence using such means of communication. Patient acknowledges that all such communications may become a part of your medical records.

By providing Patient's e-mail address during online enrollment or the attached Appendix 1, Patient authorizes Oviedo Direct Primary Care, L.L.C., and its providers to communicate with Patient by e-mail regarding Patient's "protected health information" (PHI) (as that term is defined in the Health Insurance Portability and Accountability Act (HIPAA) of 1996 and its implementing regulations) By inserting Patient's e-mail address in Exhibit 1, Patient acknowledges that:

(a) E-mail is not necessarily a secure medium for sending or receiving PHI and, there is always a possibility that a third party may gain access;

(b) Although, and the provider will make all reasonable efforts to keep e-mail communications confidential and secure, neither Oviedo Direct Primary Care, L.L.C., nor the provider can assure or guarantee the absolute confidentiality of e-mail communications.

(c) In the discretion of the provider, e-mail communications may be made a part of Patient's permanent medical record; and,

(d) Patient understands and agrees that E-mail is not an appropriate means of communication regarding emergency or other time-sensitive issues or for inquiries regarding sensitive information. In the event of an emergency, or a situation in which the member could reasonably expect to develop into an emergency, Member shall call 911 or the nearest Emergency Department, and follow the directions of emergency personnel.

If Patient does not receive a response to an e-mail message within one day, Patient agrees to use another means of communication to contact the provider. Neither

Oviedo Direct Primary Care, L.L.C., nor the provider will be liable to Patient for any loss, cost, injury, or expense caused by, or resulting from, a delay in responding to Patient as a result of technical failures, including, but not limited to, (i) technical failures attributable to any internet service provider, (ii) power outages, failure of any electronic messaging software, or failure to properly address e-mail messages, (iii) failure of the Practice's computers or computer network, or faulty telephone or cable data transmission, (iv) any interception of e-mail communications by a third party; or (v) your failure to comply with the guidelines regarding use of e-mail communications set forth in this paragraph.

9. Change of Law. If there is a change of any law, regulation or rule, federal, state or local, which affects the Agreement including these Terms & Conditions, which are incorporated by reference in the Agreement, or the activities of either party under the Agreement, or any change in the judicial or administrative interpretation of any such law, regulation or rule, and either party reasonably believes in good faith that the change will have a substantial adverse effect on that party's rights, obligations or operations associated with the Agreement, then that party may, upon written notice, require the other party to enter into good faith negotiations to renegotiate the terms of the Agreement including these Terms & Conditions. If the parties are unable to reach an agreement concerning the modification of the Agreement within forty-five days after of date of the effective date of change, then either party may immediately terminate the Agreement by written notice to the other party.

10. Severability. If for any reason any provision of this Agreement shall be deemed, by a court of competent jurisdiction, to be legally invalid or unenforceable in any jurisdiction to which it applies, the validity of the remainder of the Agreement shall not be affected, and that provision shall be deemed modified to the minimum extent necessary to make that provision consistent with applicable law and in its modified form, and that provision shall then be enforceable.

11. Reimbursement for services rendered. If this Agreement is held to be invalid for any reason, and if Oviedo Direct Primary Care, L.L.C. is therefore required to refund all or any portion of the monthly fees paid by Patient, Patient agrees to pay Oviedo Direct Primary Care, L.L.C. an amount equal to the reasonable value of the Services rendered to Patient during the period of time for which the refunded fees were paid.

12. Amendment. No amendment of this Agreement shall be binding on a party unless it is made in writing and signed by all the parties. Notwithstanding the foregoing, the provider may unilaterally amend this Agreement to the extent required by federal, state, or local law or regulation ("Applicable Law") by sending You 30 days advance written notice of any such change. Any such changes are incorporated by reference into this Agreement without the need for signature by the parties and are effective as of the date established by Oviedo Direct Primary Care, L.L.C., except that Patient shall initial any such change at Oviedo Direct Primary Care, L.L.C. request. Moreover, if Applicable Law requires this Agreement to contain provisions that are not expressly set forth in this Agreement, then, to the extent necessary, such provisions shall be incorporated by reference into this Agreement and shall be deemed a part of this Agreement as though they had been expressly set forth in this Agreement.

13. Assignment. This Agreement, and any rights Patient may have under it, may not be assigned or transferred by Patient.

14. Relationship of Parties. Patient and the Provider intend and agree that the provider, in performing their duties under this Agreement, is an independent contractor, as defined by the guidelines promulgated by the United States Internal Revenue Service and/or the United States Department of Labor, and the provider shall have exclusive control of his work and the manner in which it is performed.

15. Legal Significance. Patient acknowledges that this Agreement is a legal document and creates certain rights and responsibilities. Patient also acknowledges having had a reasonable time to seek legal advice regarding the Agreement and has either chosen not

to do so or has done so and is satisfied with the terms and conditions of the Agreement.

16. Miscellaneous. This Agreement shall be construed without regard to any presumptions or rules requiring construction against the party causing the instrument to be drafted. Captions in this Agreement are used for convenience only and shall not limit, broaden, or qualify the text.

17. Entire Agreement. This Agreement contains the entire agreement between the parties and supersedes all prior oral and written understandings and agreements regarding the subject matter of this Agreement.

18. Jurisdiction. This Agreement shall be governed and construed under the laws of the State of Florida and All disputes arising out of this Agreement shall be settled in the court of proper venue and jurisdiction for Oviedo Direct Primary Care, L.L.C. address in Oviedo, Florida.

19. Service. All written notices are deemed served if sent to the address of the party written above by first class U.S. mail.

The parties have acknowledged and accepted this Agreement on the date first written during online enrollment.

Oviedo Direct Primary Care, L.L.C.
Melissa Odom, APRN, FNP-BC
Owner