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Member Practice Agreement

Terms of Membership

- Members are provided services listed below. Your membership fee does not cover Usual Medical Services that may or may not be covered by your insurance policy.
- The Practice will bill insurers for covered Usual Medical Services provided to the Member. The Practice accepts "assignment" of payments for Usual Medical Services.
- In addition, Members will be financially responsible for requested but *uncovered* medical services. Prior to furnishing services not covered by the Practice Agreement or by a Member's insurance policy, the Practice will obtain the Responsible Party's signed agreement to pay for those services.
- Inpatient and other specialty medical services provided at or in conjunction with the hospital or elsewhere are not covered by this Agreement.
- Completing this form and remitting applicable Membership Fees secures practice Membership.
- This Agreement does not provide comprehensive health insurance coverage. It provides only health care services specifically described in this Agreement.
- Nothing in this Agreement supersedes or modifies the terms or conditions of any agreements relating to the Member's health insurance.

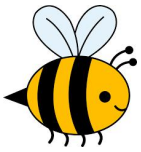
Member Benefits

- Priority and expanded appointments
- Virtual office visits: Phone, Facetime, Skype
- Direct communication with your care provider anytime via phone, email, text
- Coordination with consultants who are providing hospital or other outpatient care. Practice physicians will closely coordinate with consultants.
- Travel healthcare advice and planning
- Discounted skin care services
- Discounted cosmetic procedures
- Preferred pricing for fitness training
- Complimentary Get Acquainted session and preferred pricing for nutritional counseling
- Discounted health classes, retreats and events

Member Responsibilities

By signing this Agreement, Member or Responsible Party understands and agrees to:

- At the beginning of each contracted Membership period pay the membership fee.



Be Well by Sound Health Physicians
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- Maintain healthcare insurance for all inpatient and outpatient diagnostic and therapeutic services, including coverage for Usual Medical Services.
- Be financially responsible for healthcare services received from Sound Health Physicians but not covered as practice or health insurance benefits.
- Practice will bill a Member's insurer only for covered and provided Usual Medical Services.
- At the time of an office visit, pay co-payments, deductibles, and co-insurance fees required by a Member's insurance plan.
- Give Practice 30 days' advance written notice of change in demographic details, change of insurer, change of Membership Fee payment schedule, or election to discontinue this agreement. Alternatively, the membership agreement will be automatically discontinued for non-payment of 2 or more consecutive months.

- To provide written consent that allows the Practice to release healthcare information to friends and/or relatives designated by Member.

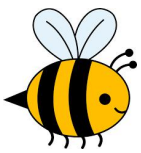
Membership Fees and Payment

The initial enrollment fee is $99 per person and is due at the time of the first appointment.

Practice membership fees are due on the first day of each month in advance. Fees are prorated for partial months of membership. Members may elect to pay on an annual schedule. A payment is considered late if it is not received by the tenth day of the month in which it is due and the outstanding balance will be subject to late penalties and interest. Membership Fees may be increased no more than once each calendar year and will be preceded by 60 days' written notice from the Practice. Member s may change the contracted payment interval or payment method by giving 30 days' advance written notice.

Termination

- Member may terminate this agreement for any reason by submitting to the Practice a written notice 30 days in advance of an intended termination.
- Practice may terminate this Agreement by giving the Member 30 days advance written notice should any of the following circumstances occur: failure to make timely payment of Membership Fee, copayments , or charges for services not covered by the Membership Fee; failure to comply with terms or conditions of Member's insurance policy or with terms of this Agreement; a Member's Provider ceases to participate in the Practice and Member is unable to establish a replacement Provider in the Practice, medical non-compliance.
- Practice will automatically terminate this agreement for 2-consecutive months of non-payment.
- If membership becomes inactive, there will be an enrollment fee of $99 plus any outstanding prior membership balance to resume membership.



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- Upon termination, Practice will refund, on a pro-rata basis, the portion of the Membership Fee paid and allocable to the days remaining in the current Membership cycle.

Practice Modification/Discontinuation

Elements of this Practice may be modified from time to time, including changing participating physicians or adding or eliminating services.

General Provision

This Agreement supersedes all prior written or oral agreements between Member and Practice relating to Member's participation in the Practice. This Agreement shall be governed by and construed in accordance with the laws of the State of Washington, and if any provision is held to be invalid or unenforceable, the remaining provisions shall nevertheless continue in the full force and effect, unless the provisions held invalid or unenforceable substantially impair the benefits of the remaining portion of this Agreement.

Transfer of Medical Records

Subscribing members give Sound Health Physicians staff permission to transfer their medical records and information

Insurance Assistance

For questions concerning medical insurance, please contact:

Office of the Washington State Insurance Commissioner PO Box 40256 Olympia, Washington 98504-0256 Telephone: 1 (800) 562-6900

Individual Monthly Rate: $97.00 per month

(Last)_____(First)_____(MI)_____

DATE OF BIRTH: _____/_____/_____

PRIMARY INSURANCE (please also let us scan your insurance card or provide copy)

COMPANY:_____
NAME OF INSURED: (Last)_____(First)_____ GROUP NUMBER:_____
IDENTIFICATION NUMBER:_____
INSURANCE COMPANY
PHONE NUMBER:_____

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SUPPLEMENTAL & OTHER INSURANCE

COMPANY:_____
NAME OF INSURED: (Last)_____(First)_____ GROUP NUMBER:_____
IDENTIFICATION NUMBER:_____
INSURANCE COMPANY
PHONE NUMBER:_____

EMERGENCY CONTACT:

Name: _____

Phone: _____

Registration Information and Signatures

The undersigned is responsible and agrees to fulfill the terms of this agreement:

SIGNATURE: _____

DATE: ____/_____/_____

PRINTED NAME: _____

Mailing Address

street address, city, state, zip code & phone number with area code

_____

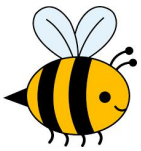
_____

_____

Phone/Cell Number _____

RELATIONSHIP TO MEMBER: □ Self □ Parent □ Durable Power of Attorney*

IF YOU ARE SIGNING AS THE POWER OR ATTORNEY, PLEASE PROVIDE A COPY OF THE DOCUMENT WITH THIS CONTRACT.



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Consent to Receive E-Mail, Text, Voicemail Communications

To receive electronic communications from the Practice, please consider the following information and sign the Consent:

I understand e-mail, text and voicemail are not a secure medium and does not fulfill confidentiality requirements or adhere to applicable Washington State laws for confidentiality of patient information. I further understand that these electronic forms of communication are not a good medium for urgent, time-sensitive communications and that these are best handled by telephone or in person.
E-mail, text messaging and voicemail does, however, provide an efficient means of communication for me. I understand the risks described above but wish to receive personal health information at the following email address:
At the discretion of my Provider, e-mail communications may become part of my permanent medical record. I understand this consent may be revoked at any time.

SIGNATURE_____

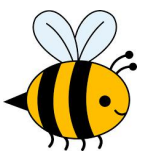
DATE: ____/____/_____ Email: _____

PRINTED NAME_____
CIRCLE RELATIONSHIP TO MEMBER: □ Self □ Parent □ Power of Attorney*

Glossary of Terms

Direct Primary Care: A medical practice in which each member pays a monthly retainer fee to the practice. This fee is in addition to the member's medical insurance expenses (fee, co-pays, deductibles, etc.). The following are some of the currently used synonyms for retainer based medical practice: Direct Primary Care, Direct Care Practice, Concierge Practice, Platinum Care Practice, Boutique Practice, and Executive Health Program. **Direct Primary Care**: Services and amenities offered by a Retainer Practice in exchange for a Membership Fee. They are services or benefits not covered by health insurance. **Usual Medical Services**: Those services typically billed towards a health insurance plan. A members' medical insurance will be billed when these services are provided. They are not membership benefits and may or may not be covered by your insurance policy.
The Practice: Sound Health Physicians, PS, Washington State Corporation **Member (patient)L** A person contracting with the Practice under terms of this Agreement.

Responsible Party: The party responsible for a Member's financial obligations to the Practice. This usually will be the Member, but could be a parent or legal guardian.
Membership: A patient's contracted relationship to the Practice.
Membership (Retainer) Fee: Money paid to the Practice at the beginning of each contracted service period to secure
retainer practice services during that period.
Agreement: The contract between the Practice and a Member, Member's parent or legal guardian.



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