

A Doc On Wheels, LLC.

Concierge Medical Services

Benefits:

- TIME and EFFICIENCY is a very important commodity to have. We all know that we cannot recover our valuable time spent and time lost. But with Concierge Medicine, a service dedicated strictly to you and your valuable time, we together can preserve that commodity with the convenience of Concierge Medicine; a phone call, a skype or facetime; an email, a text message or an in home visit.
- Concierge Medicine Monthly Memberships starting at \$199 for the initial visit to establish care then \$149/month thereafter; A discounted rate of 5% will be given if memberships are paid in full for the year. You may cancel at any time or mutual discharge can be discussed.
- A La Carte Service Fees are designed for an as needed service to use in conjunction with your other specialists. Each visit is a fee for service visit. This is not a membership.
- Personalized medical care experience with an increased access to healthcare 24/7, 365 days per year including in home visits, telehealth skype/facetime, email, phone and text messages.
- One on One with your healthcare provider for a personalized medical care experience customized around “you” the patient with efficiency, accuracy and compassion. A dedicated phone number will be provided to the patient at the time of membership.
- Physical Exams, Diagnostic Blood Work, Diagnostic Imaging, Pharmacy Services, Evaluation and Treatment catered to your needs using Evidence Based Practice.
- Customized prevention care plans utilizing Primary & Secondary Screening as well as Tertiary Treatment tailored to the patients individualized healthcare goals promoting health and wellness.
- Your provider will carry various medications for treatment that you may purchase separately if needed as a cash pay customer or if you have health care insurance you will be provided an E-prescription that is automatically sent to your preferred pharmacy.
- Labs can be drawn in home and couriered to any lab of choice or the patient may go to any lab of choice with a prescription provided for lab tests. The patient is encouraged to use their health insurance for lab testing as it is more efficient; or you may ask your provider about contracted labs for a discounted rate for lab testing for the uninsured cash pay patient.
- Easy facilitation for services if needed regarding specialists, consults, labs, diagnostic imaging, or emergency treatment if necessary, beyond the scope of Concierge Medicine for the safety of the patient.

A Doc On Wheels, LLC.

Patient Information and Acknowledgement of Receipt of Privacy Practice Notice:

Last Name, First Name: _____

Date of Birth: _____

Home Address: _____

Email: _____

Phone Number: _____

I wish to receive private patient related information: (Please Circle)

Text: Yes/No Email: Yes/No Phone: It is ok to leave a message: Yes/No

Pharmacy Address and Phone Number: _____

Emergency Contact Information:

Name: _____

Relationship: _____

Phone Number: _____

Patient Signature & Date

Provider Witness Signature & Date

Patient Membership Agreement

This is a membership agreement that specifies the terms and conditions between “A Doc On Wheels, LLC.” and the Patient Member requesting concierge medicine membership services. This agreement will serve as authorization for treatment, discharge, release of liability, payment consent for membership, medical record consent for private health care and protected information. Each patient member will be charged an initial membership fee of \$199.00 starting on the initial visit and will be charged \$149/month thereafter to be charged on the 1st (first) of every month for 12 months (\$1,838 annually). A discounted concierge medicine membership can be paid in full for the year at a 5% discount in the amount of \$1,746.00/annual. The patient member may cancel at any time with a 30-day written notice requesting termination of their membership due to financial hardship, the addition of health insurance, the patient is moving from the area or the patient simply wishes to change providers. The practice also reserves the right to cancel a membership at any time due to non-compliance, non-payment, or any verbal or physical harassment. The patient membership fees cover the providers services only and not other services that the patient member may need such as labs, diagnostic imaging, consults or referrals to specialists and other services that the medical provider does not perform such as EKG’s, Biopsies, Colonoscopies, Mammogram’s and similar services of this nature. The patients who have private healthcare insurance are encouraged to stay within network and the provider will facilitate a peer to peer to establish and expedite the referral. Patients that are cash pay and have no healthcare insurance will be provided with discounted cash pay services and options where they can have lab draws, diagnostic studies, pharmacies, etc. The provider shall retain full discretion to exercise and enforce his professional judgement on behalf of the patient member. The patient member authorizes full communication of encompassed health care between the provider and the patient member in compliance with the Health Insurance Portability and accountability Act of 1996. Both parties agree (Dr. Lomonaco, DNP and the Patient Member) and understand that this legal binding agreement embodies the entire agreement between the parties and the terms that are expressed and set forth herein. The signature of the provider and patient member constitute a voluntary agreement into concierge medicine and will effectuate membership as of today’s date.

Patient Printed Name	Patient Signature	Date
Patient Date of Birth	Patient Social Security Number	
Provider Printed Name	Provider Signature	Date

Medical History:

Surgical History:

Family History:

Social History: (Circle all that apply)

Tobacco Use Vape Use Alcohol Use Illicit Drug Use PTSD Under the care of Mental Health

Patient Medications:

Patient Allergies: _____

Other Patient Providers and Specialty:

Patient Goals and Interests: (Circle all that apply)

Health and Wellness Primary and Secondary Prevention Personalized Care Plans Weight Loss

Manage my Medications Primary and Family Care Smoking Cessation Monthly Check Up's

Reduction elimination of current medications Western and Traditional Medicine

Functional and Homeopathic Medicine Leading a healthier lifestyle through diet and lifestyle modifications

PAYMENT INFORMATION

The Patient agrees to pay \$199.00 initial visit and \$149.00/month thereafter; exclusions apply declared in membership contract. ___ Monthly Payment ___ Paid in full 12 months

Patient Method of Payment: (Circle what applies)

Visa Mastercard American Express Debit Card Check

Money Order Venmo Zelle PayPal

Automatic Withdrawal on the 1st (first) of every month from your bank account

Credit or Debit Card Number/Exp/CVC: _____

Bank Checking/Savings Account/Roting Number: _____

Patient Printed Name and Date

Patient Signature