

**STORY FAMILY MEDICINE, INC**  
**DIRECT PRIMARY CARE**  
**MEMBER MEMBERSHIP AGREEMENT**

Story Family Medicine, Inc. (“Practice”) and \_\_\_\_\_, (“Member”) enter into this Direct Primary Care Membership Agreement (“Membership Agreement”) with the Effective Date as stated in Section 1(c) for Member to become a member of Practice’s Direct Primary Care Program. Practice and Member are referred to herein collectively as the “Parties.”

**1. Membership, Program Services and Enrollment.**

- a. **Program Membership.** Once enrolled into the Program as a member by completing all of the steps outlined in Section 1c, Member shall be eligible to receive certain primary care medical services (“Program Services”) provided by Practice as specified in **Appendix A**, which is attached hereto and incorporated herein by reference. Practice may add or discontinue a service in **Appendix A** in its sole discretion by emailing or regular mail at least thirty (30) days prior to the change.
- b. **DPC; Not Concierge.** This Agreement is for membership in Practice’s Direct Primary Care (“DPC”) Program and is not an agreement for membership in a concierge program. The difference between DPC and concierge is DPC provides Members with certain primary care medical services for the payment of a flat monthly fee. Concierge, on the other hand, involves Member’s payment of a flat monthly fee to obtain immediate or priority access to a physician but does not cover the cost of any medical services; Member’s insurance is billed for these medical services. Accordingly, while this Membership Agreement will provide after-hour access to Member’s provider via telecommunications and provide Member with an office visit during normal business hours for acute issues, Member will not be entitled to an immediate office visit or access to his or her provider whenever Member so desires.
- c. **Enrollment and Effective Date.** Member may enroll into the Program on any day of the month by utilizing Practice’s onboarding link to submit the required personal and billing information for autopayment of fees and sign this Agreement and any other required documents. This Agreement becomes effective on the date Member completes all of the aforementioned enrollment requirements.
- d. **Location.** Member shall receive Program Services at 1350 Troy Road, Suite #4, Moscow, ID 83843.

**2. Fees.**

- a. **Enrollment Fee/Re-enrollment Fee.** Each Member shall pay a one-time, non-refundable enrollment fee to cover the costs associated with Member’s initial enrollment into the Program (“Enrollment Fee”). The Enrollment Fee shall be ninety dollars (\$105.00) for each individual Member and no more than one-hundred eighty dollars (\$210.00) per household for enrollment at the same time. In the event Member terminates this Membership Agreement for any reason, Member will be ineligible to re-enroll in the Program for a period of six (6) months following the effective date of termination. Notwithstanding the preceding sentence, Practice, in its sole discretion, may allow Member who has terminated their Membership Agreement to re-enroll before the six (6)

month period has passed. Any re-enrollment after termination will require Member to pay a re-enrollment fee in the amount of ninety dollars (\$105.00) and sign a new Membership Agreement.

- b. Monthly Membership Fee. In addition to the Registration Fee, each Member shall pay a Monthly Membership Fee ("MMF") according to the fee schedule noted in **Appendix B**.
- c. Additional Fees. Only those services described in **Appendix A** and not requiring an additional fee are included in the MMF. Services described in **Appendix A** as requiring the payment of an additional fee will require payment to the Practice at the time the services are provided.
- d. Changes to Fees. Practice may change the amount of the Registration Fee, the MMF, referenced on **Appendix B**, and the additional fees described in **Appendix A**, or any other fees associated with this Membership Agreement at any time, in its sole discretion, upon providing Member at least thirty (30) days' advance notice by either emailing Member or sending them notice in the mail.

### **3. Automatic Payment of Membership Fees.**

- a. Autopayment Information and Changes. During the enrollment process discussed in Section 1.c., Member will input their bank account/debit/credit card information so that MMF payments may be made automatically. Member may change or update payment information by accessing his or her account using Practices online, onboarding and billing platform. Please contact the clinic for digital access to your billing portal.
- b. Authorization. By inputting this information or by changing/updating bank account/debit/credit card information during the term of this Agreement, Member is providing Practice with authorization to have its online, onboarding and billing platform initiate MMF recurring charges every month. This authorization will remain in full force until this Agreement is terminated in accordance with Section 14 and until Practice and Member's debit/credit card institution has a reasonable time to act on it.
- c. Appearance for Recurring Auto Payments. The MMF auto charge or debit will appear on card holder or Member/authorized signor's bank statements as Story Family Medicine, or a variation of this name.
- d. Timing of Auto Payments. Payment for the first month of services will be due upon enrollment. Thereafter, autopayments will be processed every thirty days from the date of Member's enrollment as discussed in Section 1c.
- e. Auto Payment Failure/Late Fees. In the event an auto payment fails for any reason, Member will receive an email with a link to update the credit card/bank account information. If this information is not updated within 14 days from when the payment was due, Practice will contact Member to obtain updated credit card/bank account information and collect a late payment fee of thirty-five dollars (\$35.00).

**4. No Insurance Claims.** Practice will not bill any insurance carriers or health care plan to which Member may be a subscriber or beneficiary for the MMF or any additional fees associated with Membership and the Program Services. Member is solely responsible for

payment for all Services Member receives from Practice regardless of whether such Services are reimbursable or payable by Member's insurance carrier. Any amounts due for additional fees that are not included in the MMF will be paid by Member at the time the services are rendered.

5. **No Reimbursement from Government Healthcare Programs.** Practice and its providers have opted out of participation in all governmental healthcare programs (including, but not limited to Medicare, Medicaid, TRICARE, CHIP, VHA, and Indian Health Service). This means that Practice cannot bill any of these government healthcare programs on behalf of Member, nor can Member make any attempt to collect reimbursement from any of these programs.
6. **Member Requirements When Medicare Part B Beneficiary.** Any Member that is a Medicare Part B Beneficiary will need to notify Practice of this fact and will be required to sign Practice's Medicare Private Contract prior to receiving any services. Failure to do so shall cause Member to be terminated from the Program.
7. **Tax-Advantaged Medical Savings Accounts.** Member may have a tax-advantaged savings account, including, but not limited to, a health savings account, medical saving account, flexible spending arrangement, health reimbursement arrangement, or other similar health plan (collectively, "Tax-Advantaged Savings Accounts"). Because every Tax-Advantaged Savings Account is unique, Member is advised to consult with their accountant regarding whether any of the fees incurred pursuant to this Membership Agreement may be paid using funds contained in a Tax-Advantaged Savings Account.
8. **Other Insurance; High Deductibles.** Some services provided herein may be a covered benefit or covered service, at no cost to Member, under Member's health benefit plan. Further, third-party payers may not count the Membership Fees incurred pursuant to this Membership Agreement or the fees associated with additional services that are not included in the MMF toward any deductible Member may have under a high deductible health plan. Member should consult with their health benefits adviser regarding whether Membership Fees may be counted toward Member's deductible under a high deductible health plan.
9. **No Emergency Care.** Practice is not an emergency room, and accordingly, does not have the ability to treat Member during a medical emergency. If Member is experiencing a medical emergency, Member should contact 911 or go to the nearest emergency room to seek immediate treatment.
10. **Virtual Visits.** Virtual visits are included in the MMF but are at the sole discretion of Practice as there are times when a virtual visit is not suitable given the situation, which will require Member to schedule an in-person appointment for treatment.
11. **First Visit and Annual Wellness Visit.** While the Program Services include virtual visits, Member's enrollment requires that Members schedule an appointment to be seen in person by Practice for an initial assessment/establish care visit within thirty days of enrollment in the Program. Thereafter, Member agrees to physically visit Practice for an annual wellness visit at least once per year following the anniversary of the Effective Date.
12. **HIPAA and Communications.** Practice shall comply with the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") requirements including the privacy regulations,

security standards and the standards for electronic transactions. Member's participation in the Program and execution of this Agreement will provide Member with the ability to communicate with the Practice through the use of an encrypted portal. If Member would like for Practice to communicate with Member outside of this encrypted portal, such as by regular e-mail, texting and cell phone, Member will be required to execute the Consent to Unencrypted Email and SMS Messaging of PHI. This will authorize Practice and its staff to communicate with Member by e-mail and cell phone regarding Member's "protected health information" (PHI). E-mail is not an appropriate means of communication in an emergency for dealing with time-sensitive issues. In an emergency, or a situation in which could reasonably be expected to develop into an emergency, Member understands and agrees to call 911 or go to the nearest hospital as opposed to emailing Practice or leaving a cell phone message.

**13. Term.** This Agreement shall become effective on the date discussed in Section 1(c) above and shall continue on a month-to-month basis until terminated in accordance with Section 1.

**14. Termination.**

- a. **Termination by Member.** Member may terminate this Membership Agreement by completing the Written Notice of Membership Termination Form ("Term Form") which is available by contacting Practice. This Form may be submitted to Practice either in person or by email to: hello@storyfamilymed.sprucecare.com
- b. **Term Form Timing Requirements.** All Term Forms must be received by Practice no later than thirty (30) days prior to Member's next bank account/credit/debit auto-processing date. Member shall be responsible for verifying with Practice that his or her Term Form was received by Practice 30 days in advance of Member's next auto billing date. Term Forms submitted within the 30-day billing cycle will result in a final MMF auto payment, enabling Member to utilize the Program Services for another 30 days. No refund will be issued once an auto payment is made.
- a. **Termination by Practice.** Practice may terminate this Agreement if Member: a) fails to pay his or her Membership fees; b) performed an act of fraud; c) repeatedly fails to adhere to the recommended treatment plan; d) violates Practice's Code of Conduct or is abusive and presents an emotional or physical danger to the staff or other Members of the Practice; or e) has healthcare needs that exceed the care that can be provided under the Program. **No refunds will be provided.**

**15. Code of Conduct.** In order for Practice to provide a safe and healthy environment for staff, Members and their families, Practice expects Member and accompanying family members or friends to refrain from unacceptable behaviors that are disruptive or pose a threat to the rights or safety of other Members or staff. Accordingly, as a condition of membership in the Program, Member agrees to execute a copy of the Practice's Code of Conduct as part of the onboarding process. Any violation of this Code of Conduct by Member or their accompanying family members or friends will result in Member's immediate termination from the Membership Program.

**16. Indemnification.** Member agrees to indemnify and to hold Practice and its members, officers, directors, agents, and employees harmless from and against all demands, claims, actions or causes of action, assessments, losses, damages, liabilities, costs, and

expenses, including interest, penalties, attorney fees, etc. which are imposed upon or incurred by Practice as a result of Member's breach of any of Member's obligations under this Membership Agreement.

17. **Technical Failure.** Neither Practice nor any Provider will be liable for any loss, injury, or expense arising from a disruption or delay in responding to Member when the disruption or delay is caused by technical failure. Examples of technical failures include: (i) failures caused by an internet or cell phone service provider; (ii) power outages; (iii) failure of electronic messaging software, or any e-mail provider; (iv) failure of Practice's computers or computer network, or faulty telephone or cable data transmission; or (iv) any interception of e-mail communications by a third party which is unauthorized by Practice.
18. **Entire Agreement.** This Membership Agreement constitutes the entire understanding between the Parties hereto relating to the matters herein and shall not be modified or amended except in a writing signed by both Parties hereto.
19. **Waiver.** The waiver by either Practice or Member of a breach of any provisions of this Membership Agreement must be in writing and signed by the waiving party to be effective and shall not operate or be construed as a waiver of any subsequent breach by either Practice or Member.
20. **Change of Law.** If there is a change of any law, regulation or rule, federal, state or local, which affects this Membership Agreement, any terms or conditions incorporated by reference in this Membership Agreement, the activities of Practice under this Membership Agreement, or any change in the judicial or administrative interpretation of any such law, regulation or rule, and Practice reasonably believes in good faith that the change will have a substantial adverse effect on Practice's rights, obligations or operations associated with this Membership Agreement (a "Legal Change"), then Practice may, upon written notice, require Member to enter into good faith negotiations to renegotiate the terms of this Membership Agreement. If the parties are unable to reach an agreement concerning the modification of this Membership Agreement within ten (10) days after the effective date of the Legal Change, then Practice may immediately terminate this Membership Agreement upon providing written notice to Member.
21. **Dispute Resolution/Governing Law/Jury Waiver.** Any dispute regarding this Agreement shall be resolved first by mediation conducted in accordance with the Commercial Arbitration Rules and Mediation Procedures of the American Arbitration Association ("AAA"). Each Party shall bear its own costs of mediation and one-half of the mediator's and/or AAA's fees. If the dispute is not resolved by mediation, the matter shall be settled by final and binding arbitration before a single arbitrator in accordance with the rules of the applicable dispute resolution organization. Any award by an arbitrator shall not include punitive or exemplary damages. This Agreement and the rights and obligations of Practice and Member hereunder shall be construed and enforced pursuant to the laws of the State of Idaho. Member irrevocably submits to the exclusive jurisdiction of the state and county courts located in Latah County and agrees that all proceedings may be brought in such courts. **EACH PARTY TO THIS AGREEMENT ACKNOWLEDGES AND AGREES THAT ANY CONTROVERSY WHICH MAY ARISE UNDER THIS AGREEMENT IS LIKELY TO INVOLVE COMPLICATED AND DIFFICULT ISSUES, AND THEREFORE, EACH PARTY HEREBY IRREVOCABLY AND UNCONDITIONALLY WAIVES ANY RIGHT TO A TRIAL BY JURY IN RESPECT OF ANY LITIGATION DIRECTLY OR INDIRECTLY ARISING OUT**

OF OR RELATING TO THIS AGREEMENT AND ANY OF THE AGREEMENTS  
DELIVERED WITH THIS AGREEMENT OR THE TRANSACTIONS CONTEMPLATED  
HEREBY OR THEREBY.

22. **Appendices and Documents.** The Appendices referenced in this Agreement, together with all the documents referenced herein, form an integral part of this Agreement, and are incorporated into this agreement wherever reference is made to them to the same extent as if they are set out in full at the point at which such reference is made.
23. **Assignment.** This Membership Agreement shall be binding upon and shall inure to the benefit of the Practice and its respective successors and legal representatives. Neither this Membership Agreement, nor any rights hereunder, may be assigned by Member without the written consent of Practice.
24. **NOT INSURANCE.** PER I. C. § 39-9207 (2015) THIS AGREEMENT DOES NOT PROVIDE HEALTH INSURANCE COVERAGE, INCLUDING THE MINIMAL ESSENTIAL COVERAGE REQUIRED BY APPLICABLE FEDERAL LAW. IT PROVIDES ONLY THE SERVICES DESCRIBED HEREIN. IT IS RECOMMENDED THAT HEALTH CARE INSURANCE BE OBTAINED TO COVER MEDICAL SERVICES NOT PROVIDED FOR UNDER THIS DIRECT PRIMARY CARE AGREEMENT.

**IN WITNESS WHEREOF**, the Parties have caused this Membership Agreement to be effective in accordance with Section 1(c) herein.

**STORY FAMILY MEDICINE, INC.**

---

**MEMBER SIGNATURE**

---

**Name of Member**



1/1/2026

**Jennifer Story, Office Manager**

**Appendix A**  
**MONTHLY MEMBERSHIP**  
**PROGRAM SERVICES**

**Limits on Visits.** Members are limited to 12 provider visits and one physical per 12-month period. Provider visits are defined as in-person, telemedicine, and home visits but do not include medical assistant visits, blood draws and immunizations. Any provider visits in excess of 12 per 12-month period will incur a per-visit charge of \$75.00.

**Appointments.** All appointments will be at the discretion and scheduling of Practice. Practice does not provide walk-in urgent care services. Practice strives to see Members in a timely manner during normal business hours, which are: Monday through Thursday from 8:30 am - 5:00 pm, with a lunch break between 1:00 and 2:00 pm and Friday 8:30 am – 12:30 pm. Same-day appointments are subject to provider's availability. The last appointment of the day is at 4:30 pm. Wellness visits and appointments for Members new to the Practice, which typically take more time, are subject to the provider's availability. For Members with acute issues, same or next-day care shall be available depending on whether its medically necessary and the provider's availability.

**After-hour Communications.** Outside of normal business hours, Members may call or message Practice's provider every day including holidays and weekends. Practice's provider will make every effort to address Member's medical needs in a timely manner, but Practice cannot guarantee provider's availability, and cannot guarantee that Member will not need to seek treatment in an urgent care or emergency department setting. Calls or messages outside of normal hours are reserved for urgent/acute clinical concerns only. Appointment requests, prescription refills, Program questions and routine health care concerns or questions will not be addressed outside of normal business hours. Routine or continued disregard of this requirement may result in termination of Member's membership in the Program.

**Emergency Care.** In an emergent situation, or anything that could possibly be perceived as an emergent situation, Members should proceed to the nearest emergency room or call 911.

**Alternative Provider.** In the event Member's provider is on vacation or is unavailable either in person or via telecommunications, an on-call provider will be available.

**DOT/FMCSA; Workers' Comp; Disability Determinations.** The DPC Program does include Federal Motor Carrier Safety Administration ("FMCSA"/"DOT") physical. The Practice does not include workers' compensation physicals nor disability determinations for insurance, social security, or ADA purposes.

**Family Planning.** Practice will provide advice and consult on family planning issues. The practice does not prescribe hormonal birth control for the purpose of contraception.

**Prenatal Care:** Practice does not provide prenatal care.

**Vaccinations.** The practice will advise Members whether certain vaccines are recommended. Practice participates with the Idaho Vaccines for Children program, offering administration of vaccines on a voluntary basis. Adult vaccination at the Practice is provided on a limited basis.

**Labs.** Labs are not included in the monthly membership fees. Practice provides limited, scheduled phlebotomy services on site, but some labs may require Member to go to an outside facility. For labs drawn at Practice, Member will be provided with an invoice prior to the draw, with payment expected at time of service. Member may elect to use their private insurance for laboratory testing; Practice is not responsible for costs incurred with insurance-billed testing.

**Medications.** Medications may be ordered through Practice dispensary. Medications dispensed in the office are not included in the membership fee and the cost will be due at the time they are dispensed. Member's membership in the Practice does NOT guarantee medications will be prescribed or that certain medications will be provided to Member; Practice's physician will do what is medically appropriate for the Member in determining whether to prescribe medications. Practice does not dispense controlled medications, and reserves the right to not prescribe controlled substances, including stimulants, opiates, and benzodiazepines.

**Durable Medical Equipment (DME).** DME is equipment utilized in a Member's treatment. Practice maintains a supply of some DME equipment for loan, including nebulizers, crutches, walkers, and wheelchairs, but does not guarantee availability. Practice will advise Member as to what DME is required and how to obtain the DME. If DME is provided to Member by the Practice, the cost is not included in the membership fee, and will be due at the time the DME is provided.

**Pathology.** Pathology testing of tissue samples collected from procedures is not included in the membership fee. Practice has negotiated discounted prices for pathology services. Pathology costs will vary depending upon reflexive testing for confirmation, which is performed automatically without the intervention of the ordering physician. Member will be invoiced for pathology testing when Practice receives a bill.

**Imaging and Testing.** Outside imaging services (for example, Xray's, MRI, CT Scans, Ultrasounds) and outside testing (for example, cardiac, pulmonary, GI studies) are not included in the membership fee and will be ordered in an economical manner. Imaging is either arranged with payment directly to the outside facility or client-billed on behalf of Member. Member will be invoiced when the Practice receives a bill.

**Referrals.** Practice's physician will make recommendations for outside referrals when medically necessary. Practice will make every effort to work with Member to choose the most appropriate service provider based on skill, geographical location, and cost-effectiveness.

Listed below are the services included in the Program and whether there is any additional fee due for the particular service. If there is any additional fee to be paid, the payment is due at the time the medical services are rendered.

Type	Description	Additional Fee?
<b>WELLNESS AND PHYSICALS</b>	Well woman, man and child exams, sports, camps, and school physicals DOT (Department of Transportation) physicals, but no disability determinations for insurance, social security, or ADA purposes or Workman's Compensation visits	No
<b>ACUTE ISSUES</b>	Initial evaluation and basic management of abdominal pain, acid reflux, allergic reactions, ankle injuries, asthma attacks, back strains, bedbugs, bee stings, blood clots in the legs, bone fractures, bug bites, burns, bursitis, carpal tunnel, chest pain, cold sores, constipation, COPD exacerbations, COVID, cuts, diarrhea, dizziness, ear infections, electrolyte problems, erectile dysfunction, eyelid infections, gallbladder infections, genital concerns, gout, headaches, hemorrhoids, hip injuries, influenza, ingrown toenails, intertrigo, jock itch, kidney problems, kidney stones, knee injuries, lice, migraines, mono, nausea and vomiting, pink eye, plantar fasciitis, pneumonia, rashes, rectal bleeding, ringworm, scabies, seasonal allergies, sexually transmitted diseases, shingles, shoulder injuries, skin infections, sports injuries, sprains and strains, stomach ulcers, strep throat, tonsil stones, tonsillitis, tooth infections, urinary tract infections, vaginal discharge, vaginal yeast infections	No for initial evaluation, but additional cost may be necessary depending on further testing, referrals, or treatments that are needed

<b>CHRONIC CONDITIONS</b>	Evaluation and basic management of acne, alcohol dependence, allergies, angina, anxiety, asthma, atrial fibrillation, autoimmune diseases, chronic constipation, chronic kidney disease, COPD, Crohn's disease, dandruff, depression, dysmenorrhea, diabetes, eczema, enlarged prostate, gastroesophageal reflux disease (GERD), hand eczema, heart disease, heart failure, high blood pressure, high cholesterol, irritable bowel syndrome, leg swelling, menstrual problems, menopausal symptoms, menorrhagia, neurological diseases, osteoarthritis, osteoporosis, psoriasis, PCOS, rheumatoid arthritis, sleep apnea, stroke, thyroid disease, ulcerative colitis	No for initial evaluation, but additional cost may be necessary depending on further testing, referrals, or treatments that are needed
<b>DERMATOLOGY ISSUES</b>	Initial evaluation and basic management of acne, athlete's foot, atypical moles, burns, calluses, corns, dandruff, eczema, excessive sweating, genital warts, hand eczema, hives, hidradenitis suppurativa, ingrown toenails, intertrigo, jock itch, keloids, skin precancers, psoriasis, rashes around the mouth, ringworm, rosacea, skin tags, unwanted hair growth, vitiligo, warts	No for initial evaluation, but additional cost may be necessary depending on further testing, referrals, or treatments that are needed
	Skin cancer screening	No
	Abscess draining	Yes, cost of supplies
	Skin shave/punch and biopsies	Yes, cost of supplies, additional cost of outside pathology
	Total body skin exams	No
<b>VACCINATIONS</b>	See vaccinations Above	Yes, administration fee
<b>PROCEDURES</b>	Ingrown nail removal	Yes, cost of supplies
	Injections for trigger finger, keloids, trochanteric bursitis, knee pain, sacroiliac joint pain, and shoulder pain	Yes, cost of supplies
	Removal of objects from ears, nose	No
	Laceration Repair (Stitches)	Yes, cost of supplies
	Fracture care, casting, and splinting (may be times when outside referral to orthopedist may be necessary)	Yes, outside imaging fee and cost for cast and/or DME
<b>COUNSELING</b>	End-of-life planning	No

	Exercise counseling	No
	Nutrition counseling	No
	Smoking cessation counseling	No
	Weight management counseling	No
<b>WOMEN'S HEALTH</b>	Initial evaluation of and basic management of breast problems, menstrual problems, menopause, overactive bladder, urinary tract infections, vaginal discharge, vaginal yeast infections	No for initial evaluation, but additional cost may be necessary depending on any further testing, referrals, or treatments that are needed
	Osteoporosis screening counseling and coordination	No for the counseling and coordination, but screening tests from an outside facility will include additional costs
	Breast cancer screening counseling and coordination	No for the counseling and coordination, but screening tests from an outside facility will require additional costs
	Breast exams	No
	Cervical cancer screening/pap smears	No, but outside pathology will require additional costs
	Prenatal Care	No, we do not provide prenatal care
	Contraception counseling	No
	Birth control	No, we do not provide birth control
	Natural family planning counseling	No
	Osteoporosis screening counseling and coordination	No, but cost of DEXA scan or other tests will require additional costs
	Pelvic exams	No
<b>MEN'S HEALTH</b>	Initial evaluation and basic management of enlarged prostate, genital problems, erectile dysfunction	No for initial evaluation, but any further testing, referrals, or treatments will require additional cost

	Prostate cancer screening counseling and coordination	No for the counseling and coordination, but screening tests from an outside facility will require additional cost
	Testicular exams	No
<b>PEDIATRIC GENERAL CARE</b>	First Newborn Visit	No
	Infant, Child, Adolescent and Young Adult Well-Care visits	No
	School/Camp/Sports Physicals	No
	Basic Vision Screening	No
	Medications (see medications above)	Yes, fee depends on cost of medication
	Coordination of Specialty Care	No
<b>VACCINATIONS</b>	See vaccinations above	Not provided
<b>PEDIATRIC COMPLEX CARE</b>	Hospital Follow-Up and/or Pre-Op Evaluations	No
	Nutrition & Weight Management Planning	No
	Vaping/Smoking cessation guidance	No
	Abstinence counseling	No
<b>PEDIATRIC PROCEDURES</b>	Fracture Care/Splinting- Depending on the extent of the injury simple splinting with no DME is included for no additional fee but there may be times when an injury requires a referral to a specialist.	Yes, outside imaging fee and cost for cast and/or DME
	Durable Medical Equipment (DME) for fracture care and injuries (boots, braces, etc.)	Yes, fee depends on wholesale cost
	Cryotherapy for warts and certain skin lesions (when appropriate and in the sole discretion of Provider)	Yes, cost of supplies
	Ear wax removal	No
	Spirometry	No
	Laceration repair with or without sutures	Yes, cost of supplies
	Foreign body removal (at Provider's discretion, some foreign body removal may require a referral to a specialist)	No, but may require referral to specialist

	Incision and Drainage	Yes, cost of supplies
<b>PEDIATRIC IN-OFFICE LABS</b>	Urinalysis	No
	Blood Glucose Finger Stick	No
	Urine Pregnancy Test	No
	Rapid Strep	Yes, cost of supplies
	Rapid Flu	Yes, cost of supplies
	Rapid Covid Test	Yes, cost of supplies
<b>PEDIATRIC OUTSIDE LABS</b>	All labs not performed in-office	Yes, fee determined by outside lab

**Appendix B**  
**MONTHLY MEMBERSHIP FEE**  
*(price may be subject to change)*

The Monthly Membership Fee shall be as follows:

Adults aged 0-64 (married couples under 21 and dependents not enrolled with a parent pay this price)	\$105.00 + 3% for credit cards
Adults aged 65 and up	\$125.00 + 3% for credit cards
Dependents under the age of 21 (must be enrolled at the same time as parents/legal guardians and living in the same household)	\$48.00 + 3% for credit cards
Family Plan 2 adults and 2 children (must enroll at the same time and stay enrolled)	\$260.00 + 3% for credit cards
Each additional child under 21 (applies to Family Plan only)	\$15.00 + 3% for credit cards