

## Direct Primary Care Membership Agreement

This is an Agreement between RyCo Wellness, LLC (Practice), located at 21803 N Scottsdale Rd Unit 200 Scottsdale, AZ 85255, Kendra Carter, FNP-BC APRN (Provider) in her capacity as an agent of RyCo Wellness, LLC, and You the Member, (Patient)

### Terms of Membership:

1. **Purpose of Agreement:** This Agreement establishes a membership relationship between RyCo Wellness LLC ("Provider") and the Member for access to specified direct primary care services. This is not health insurance and should not replace comprehensive health insurance coverage.
2. **Membership Fees:** Membership fees are charged on a recurring monthly basis as follows:
  - **Individual Membership:** \$75 per month
  - **Family Membership (up to 4 members):** \$200 per month
    - **Each Additional Family Member:** \$25 per month
  - **Teacher Membership (with valid proof of employment):** \$55 per month.

\*\*\*Membership fees are due on the 1st or the 15th day of each month and will be automatically charged to the payment method on file unless otherwise agreed.

3. **Services Provided:** RyCo Wellness provides the member with primary care services on an ongoing basis for acute, chronic, and wellness issues. We will work with the member to develop a care plan that meets their needs, based on discussion and interaction with the Provider. We will meet with the member in person, or via telemedicine. The Primary Care services that are covered in the membership are outlined in Appendix A. Other services offered at RyCo Wellness that are not included in the membership fee but are provided at a discounted rate to be paid at the time of the service are also outlined in Appendix A. These services are subject to change and the member will be notified of these changes. An updated price sheet will be available on the website at [www.rycowellness.com](http://www.rycowellness.com).
  - Medications, Radiology, Laboratory Studies, Pathology Studies, and Referrals to Specialists will be ordered in the most cost-effective manner possible for the Patient.
  - Vaccinations are NOT offered in our office at this time due to the cost prohibitive nature of stocking a limited supply. We will make an effort to help the patient

obtain needed vaccinations elsewhere in the most cost-effective manner possible.

- After-Hours Visits - There is no guarantee of after-hours availability. Your Provider(s) will make reasonable efforts to accommodate the member as needed after hours if your Provider(s) is available. If the Provider(s) is unavailable after-hours and you cannot wait until the next business day, please seek care at your nearest Urgent Care or Emergency room. Providers(s) at RyCo Wellness will need to take time off for vacation or CME; at which point we will not be available. We will communicate these absences in advance so that plans can be arranged should the member need care during an absence.
- Excluded Services may incur additional fees which will be disclosed prior to the provision of such services. Examples of excluded services include advanced diagnostic testing, specialist referrals, hospitalizations, or surgical procedures. Patient understands and acknowledges that Patient is responsible for any charges incurred for health care services performed outside of the physical office location as set forth above, including, but not limited to, emergency room visits, hospital and specialist care, and imaging and lab tests performed by third parties. The Practice strongly encourages the Patient to maintain health insurance during the term of this Membership Agreement to cover services that are not provided under this Membership Agreement. Patients should purchase health insurance to cover, at a minimum, unpredictable and catastrophic expenses.

4. **Appointment Scheduling or Contacting the Provider:** Patients may self-book appointments during normal office hours via the patient portal or by calling the office. If the member is needing a same day or next visit and does not see any available appointments, please call the office as the provider will make best efforts to accommodate the need. For acute issues after business hours and weekends, call the office at 602-805-2220 and the call will be forwarded to the provider's personal cell phone. Members will also be given the provider's personal email upon enrollment.
5. **Communication:** We will offer multiple means of communication, including in-person, via patient portal, via phone/text, and via secure email. We will strive to understand the members' needs and concerns and work with them to make them healthier. The Provider will make every effort to address the Patients needs in a timely manner, but cannot guarantee immediate availability, and cannot guarantee that the patient won't need to seek treatment at an urgent care, in the emergency department, or hospital setting.
6. **Cancellation Notice** We request that members give us a 24-hour notice to cancel an appointment. Cancellations must be done by phone call or by leaving a message on our

answering machine during regular business hours. Notifying the Doctor on call is not acceptable and is considered a "No Show" for the appointment. In the event of "No Show", the member will still be held responsible for the "No Show" fee and will be billed. Patients who habitually miss appointments, will be dealt with on an individual basis.

7. **Insurance:** Patient acknowledges and understands that this Membership Agreement or Membership in the Practice does not provide comprehensive health insurance coverage, nor is it a contract of insurance. Patient represents that patient has contacted Patients insurance health insurance company to discuss any limitations or restrictions that may be imposed upon patient by signing the agreement for self pay status attached hereto and incorporated by reference herein.

- Insurance Claims. Patient acknowledges and understands that the Practice and Provider is not a participating provider in any private health care plan. Patient acknowledges and understands that the Practice will not bill insurance carriers on Patient's behalf for Covered Services provided to Patient and the Practice will not bill any health care plan of which the Patient may be a subscriber or beneficiary for Membership Fees due and owing to the Practice under this Membership Agreement. Membership Fees may not be submitted to insurance companies for reimbursement. We are happy to provide a SuperBill for services rendered should patients wish to submit for insurance reimbursement on their own.

8. **Term and Termination:**

- This Agreement is effective as of the Effective Date and will continue on a month-to-month basis until terminated.
- Either party may terminate this Agreement at any time with 30 days' written notice.
- The Provider reserves the right to terminate this Agreement immediately for non-payment of membership fees or breach of the terms outlined herein.

9. **Payment Terms:** Membership fees must be paid via credit card or debit card. An updated card must remain on file. Any fees that are not successfully processed may result in suspension of services until payment is made.

10. **Refund Policy:** Membership fees are non-refundable except in cases of Provider-initiated termination or as required by law. If the Agreement is terminated mid-month, no partial refunds will be provided.

**11. Member Responsibilities:**

- Provide accurate and complete health information during consultations.
- Notify the Provider of any changes in health status or contact information.
- Maintain a valid and current payment method on file.

**12. Limitations of Membership:** This Agreement does not constitute health insurance and does not satisfy requirements under the Affordable Care Act. The Provider does not guarantee access to or coverage for services provided outside of RyCo Wellness LLC.

**13. Privacy and Confidentiality:** The Provider complies with all applicable laws regarding the privacy of medical records. Patients' health information will only be shared with their consent or as required by law. The Provider will utilize in person communications, communications over the phone, and communications using the patient portal to ensure safety in the communications. It is important that members understand up front that communications with the Provider using email, video, chat, instant messaging, and cell phones are not guaranteed to be secure.

**14. Amendments:** The Provider reserves the right to amend this Agreement, including membership fees, with 60 days' written notice to the Member.

**15. Governing Law:** This Agreement shall be governed by the laws of the State of Arizona.

**Acknowledgment and Acceptance:** By signing below, the Member acknowledges that they have read, understood, and agree to the terms of this Agreement.

**Member Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Provider Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## Appendix A

Service	Included in Membership	Reduced Rate
<b>Types of Visits</b>		
Annual Wellness Visit	✓	
Well Woman Exam	✓	
Sports/Camp Physical	✓	
Pre-operative exam with EKG	✓	
Sick visit	✓	
Routine Follow up	✓	
Chronic health management	✓	
Tele-medicine Visit (sick or routine)	✓	
Priority for Same day/next day visit	✓	
	Included in Membership	Reduced Rate
<b>Procedures</b>		
Prior Authorizations	✓	
Forms/Paperwork completion	✓	
EKG	✓	
Urine Analysis	✓	
Urine Pregnancy Test	✓	
Rapid Flu	✓	
Rapid Strep	✓	
Ear Wax Removal	✓	
Sutures		✓
Trigger Point Injection		✓
Joint Injection/Aspiration		✓
IUD removal	✓	

Nexplanon removal		✓
Cryo Therapy (wart or skin tag removal)		✓
Skin Biopsy		✓
Triamcinolone Injection		✓
	Included in Membership	Reduced Rate
<b>In-house Specialty Consults</b>		
Hormone Therapy		✓
Cellular Medicine		✓
Weight loss		✓