

ACCESS HEALTH

Concierge Care

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SEBASTOPOL

URGENT CARE

www.sebuc.org

| (707) 509-5961

Access Health Retainer Agreement

Circle One: Bohemian Concierge Care

Compassionate Concierge Care

Patient Name: _____

Date: _____

Welcome to a new world of healthcare and wellness, we are glad to have you as a member of Bohemian and Compassionate Care Concierge. As part of your concierge membership, we offer a wide variety of services that are tailored to meet your goals and values. The agreement below explains those services and how we will work together.

Please read the below information carefully before signing. If you have questions, please contact the front office 707-509-5961.

Services:

- *In person office visits.* Patient appointments are generally available within one week. We will always schedule sufficient time to thoroughly discuss your healthcare. Emergency visits can be scheduled the day of if your provider is available. The Urgent Care is also an available resource if your provider is unable to see you.
- *Telephone visits:* Our Doctors believe that in person visits offer the highest quality of care, so most visits will take place in office. Dependent on circumstance and necessity, your doctor may decide a phone visit is appropriate.
- *Annual Exam:* Your health and longevity are best served by frequent Office Visits. Therefore, we will perform a thorough annual examination to monitor existing health conditions and recommend preventative treatments.
- *Out of Office Ancillary Services:* Your care may require out of office services such as, laboratory tests and imaging. These services will be separate from your concierge fee and office visit.
- *Specialty Care Coordination:* If your care requires the services of a medical specialist outside of our office, we will make every effort to source the appropriate referral as quickly as possible for you. Once the specialist consultation is complete, we will continue to work with your specialists to coordinate care with our office. While Hospitalist services are not part of your membership, if you are admitted to the hospital, we will collaborate with the providers to facilitate the best care available.

Payments: You remain financially responsible for all co-payments, co-insurance and/or deductibles as defined by the terms of your insurance coverage for provision of covered services.

Patient/Provider Communication: Access Health asks that you contact the front desk for all communication with your physician. Our front desk team will schedule appointments, start medication refills, coordinate referrals and function as liaison between you and your Doctor. You can reach our front desk during business hours at (707)509-5961.

Retainer Fee Agreement: Neither the Practice nor Access Health will seek reimbursement from any insurer, Medicare, or other third-party payer for the Retainer Fee. You are solely financially responsible for payment of the Retainer Fee and agree not to submit the Retainer Fee to Medicare or your private insurance carrier, except for reimbursement from your health savings account ("HSA"), medical savings account ("MSA") or Flexible Benefits Account ("FBA") if allowed. (We suggest you check your benefits for this) You and/or your insurer shall be financially liable for all covered services provided by the Practice and or Access Health and You or your insurer will be billed for these services.

Annual Retainer Fees:

Individual: \$1500 Pair/Couple (Same household): \$2500

Quarterly Fees:

Individual \$375 Pair/Couple: \$625

You may elect to pay the Annual Retainer Fee on a quarterly basis. Each quarterly installment fee (\$375 per quarter, per individual, \$625 per quarter per couple) will be automatically charged to your credit card on or following the first day of each quarter. A link will be sent to your email to enroll you in quarterly payments, and your card information will be stored in our secure system. A card must remain on file to be eligible for quarterly payments.

If you pay annually, this can be done via cash, check, or credit card. Access Health does not currently charge a credit card processing fee, but such fees may be put into place in the future. Cash and check are always appreciated. The annual payment is due on your renewal date. If you decide to pay via check, the check should be sent out before your renewal date to avoid any late fees. If you choose to pay via credit card, please note that your card will be automatically charged on or the following day of your renewal date. A link will be sent to your email to enroll you in automatic payments.

**There is no membership charge for patients in the same household under 26 years old.*

Renewals and Terminations:

Renewals: The term of this agreement is one year from the effective date. The agreement will renew for everyone on the 1 (one) year anniversary unless written notice is given a minimum of 30 days prior to anniversary date. The Renewal Fee is due on or before the 1 (one) year anniversary date. If you have a card on file your renewal fee will automatically be charged one day after renewal date.

- Terms and conditions of the agreement may be changed by written notice to you at any time by Access Health Sebastopol, LLC.
- Access Health, Bohemian and Compassionate Concierge Care may terminate this agreement at any time (2).

Terminations: Failure to pay renewal fee can result in termination of your membership with Access Health, Bohemian and Compassionate Concierge Care.

- Access Health will make 3 attempts to collect payment. If no payment is made by the third attempt the membership will be placed on hold (1)

- If no payment is made within 45 days of due date the membership will be cancelled. The missed payment will still be due and can be sent to collections.

Voluntary Termination of Membership: If any member of the Concierge Practice would like to terminate their membership a 90-day notice will need to be provided in writing (3)

- If you paid your membership in full at effective date a prorated amount can be refunded to the member (4).
- If you are on the quarterly payment plan no refund will be given. However, you will not be charged for your next payment and can continue to be seen in the practice until the end of the notice period.

Consent to Treat: You acknowledge, consent and hereby authorize Access Health, Bohemian and Compassionate Concierge Care and its providers to carry out your healthcare treatment. Treatment includes but not limited to the administration and performance of all treatments, the administration of any needed anesthetics, the administration and use of prescribed medications, the performance of such procedures as may be deemed necessary or advisable for treatment, including but not limited to diagnostic procedures, the taking and utilization of cultures, and of other medically accepted laboratory tests, all of which in the judgement of your physician or their assigned designees may be considered medically necessary or advisable.

You acknowledge and understand that this consent is given in advance of any specific diagnosis or treatment, that these services are voluntary, and that you have the right to refuse these services. You understand and intend this consent to be continuing in nature, even after a specific diagnosis has been made and treatment recommended. This consent will remain in full force unless revoked in writing and will not affect any actions that were taken prior to receiving your revocation.

By Signing Below, you have read, acknowledge, and agree to all terms and conditions listed above.

Individual: Annual or Quarterly Pair/Couple: Annual or Quarterly

Please circle your selected membership plan

Patient Signature: _____ **Date:** _____

Print Name: _____

Additional Members: _____

DOB:

Relationship to signing Member

Additional Members: _____

DOB:

Relationship to signing Member

Additional Members: _____

DOB:

Relationship to signing Member

Physician Signature: _____ **Date:** _____

1. While membership is on hold patients cannot be seen through the Concierge Practice.
2. If Terminated by the practice, you will receive one copy of your medical records and a prorated refund if you are on the annual payment plan. Please see line 3.
3. If you are terminating from Access Health, Bohemian/ Compassionate Concierge Care you will need to sign a medical record release form to have your records transferred to your new physician. One copy of your records will be provided to your new physician at no cost. However, any additional copies of your records will be \$25.
4. Refund amount will be based on the amount of time spent with the Concierge Practice.

At Access Health Sebastopol we strive to provide the most up to date treatment options that will benefit you. The following document helps prevent confusion about your responsibilities in treating your medical condition. Please read the below information carefully.

Financial Responsibility

You are responsible for all costs of your treatment. Your insurance may or may not cover all the cost associated with the plan of care pursued by you and your physician. All copays are due at time of service. As a courtesy to you, we will bill and collect the amount allowed by your insurance contract for your treatment. We are not responsible for insurer's inadequate payment, unreasonable payment delays or claim denials. We do our best to make sure planned treatments are preauthorized for, however, we advise that you verify your insurance benefits before undergoing any treatments, procedures, or surgical intervention. Please be aware that certain services are not typically covered under the scope of routine office visit by your insurance and as such, are billed below:

Appointment No Show	\$50
Late Cancellation Fee	\$50
Return Check Fee	\$25

Late Arrival Policy

Please be aware that if you are late to your appointment, you may be asked to reschedule your visit, or you may have to wait until we can fit you in after on-time arrivals have been seen.

Cancellation Policy

If you need to cancel your appointment, please contact the office 24 hours before your scheduled time. We understand that 24hrs notice may not always be possible, however, we will still require a minimum of 2hrs notice to cancel your appointment. If we do not receive sufficient notice a Late Cancellation Fee can be charged to your account.

Phone Call Policy

Our office receives a tremendous amount of phone calls each day. In order to devote the appropriate care and attention to each patient in the office, our physicians and/ or office staff typically return calls during the lunch hour or after regular business hours. The medical board of California discourages physicians from providing treatment information over the phone; therefore, if you are experiencing a new problem, please schedule return visit to discuss the issue in person. If you are experiencing a life-threatening emergency, please call 911. In general, we are not available to discuss issues over the phone with multiple family members. If you believe you will have difficulty remembering treatment recommendations discussed during your visit, please bring a family member to assist with note taking and recollection.

**Acknowledgement of our Notice of Privacy Practices and
Consent to Obtain Prescription History**

I agree that Sebastopol Access Health Sebastopol may request and use my medication History from other healthcare providers or third-party pharmacy benefit payors for treatment purposes.
I hereby acknowledge that I have received or have been given the opportunity to receive a copy Access Health Sebastopol Notice of Privacy Practices (A laminated copy is available at the front desk. Additionally, I may request a hard copy at any time). By signing below, I am giving acknowledgment that I have received or have had the opportunity to receive the Notice of Privacy Practices. I am also authorizing you to release and or discuss my healthcare information with the following persons.

Patient Signature: _____ Date: _____

Print Name: _____

Authorized Persons:

Signature: _____ Date: _____

Print Name: _____

Relationship to Patient: _____

Insurance Release Policy

I hereby authorize the release of any medical information necessary to process an insurance claim. I understand that I will be responsible for all non-covered services, including out of network charges, and any denial not covered by my medical insurance program.

Medication Refill Policy

You are responsible for keeping track of your own medications. No prescription refills for lost medications will be issued. Please allow 72hrs notice for all prescription refill requests. Please note, without 72hrs notice there is no guarantee your prescription will be filled. Refill requests are most easily made by calling your pharmacy or calling your physicians medical assistant. By signing below, you are giving Sebastopol Urgent providers authorization to communicate verbally, electronically or in writing to your pharmacy or other providers regarding your current medications.

Pain Medication Policy

In addition to the above Medication Refill Policy, these further guidelines apply to controlled substances: all controlled substance prescriptions must be picked up in person with photo ID. All prescriptions for controlled substances must be filled by one medical office at one pharmacy. Evidence of obtaining a controlled substance by more than one medical office or using multiple pharmacies without prior disclosure is grounds for discontinuation of controlled substance refills. By accepting a controlled substance prescription from our offices, you grant our physicians and staff permission to discuss aspects of your care and medications with all involved physicians, hospitals, and pharmacies as medically necessary.

By signing this document, I acknowledge that I have read, understand, and accept the policies noted above.

Patient Signature: _____

Print Name: _____

Authorized Persons:

Signature: _____ Date: _____

Print Name: _____

Relationship to Patient: _____

Controlled substance agreement.

We are committed to doing all we can to treat your chronic pain condition. In some cases, controlled substances are used as a therapeutic option in the management of chronic pain and related anxiety and depression, these substances are strictly regulated by both state and federal agencies. This agreement is a tool to protect you and your physician by establishing guidelines, within the laws, for proper controlled substance use. The words "we" and "our" refer to the facility, and the words "I", "you", "your", "me", or "my" refer to you, the patient.

1. I understand that chronic opioid therapy has been associated with not only addiction and abuse, but also multiple medical problems including the suppression of endocrine function resulting in low hormonal levels in men and women which may affect mood, stamina, sexual desire, and physical and sexual performance.
2. Opioids and other controlled substances during pregnancy are associated with multiple effects on the baby including birth defects and physical dependency for the baby on opioids upon delivery. I will immediately contact my obstetrician and this office to inform them of my pregnancy.
3. I have been informed that long-term and/or high doses of pain medications may also cause increased levels of pain known as opioid-induced hyperalgesia (pain medicine causing more pain). Simple touch will be felt as pain and pain gradually increases in intensity and the pain's location is all over the body. I understand that opioid-induced hyperalgesia is a normal, expected result of using these medicines for a long period of time. This is only treated with the addition of nonsteroidal anti-inflammatory drugs such as Advil, Aleve, etc., or by reducing or stopping opioids.
4. I understand that physical dependence is not the same as addiction. I am aware physical dependence means that if my pain medicine use is markedly decreased, stopped, or reversed by some of the agents mentioned above, I will experience a withdrawal syndrome. This means I may have any or all of the following: runny nose, yawning, large pupils, goose bumps, abdominal pain and cramping, diarrhea, irritability, aches throughout my body, and a flu-like feeling. I am aware that opioid withdrawal is uncomfortable, can cause severe anxiety, rapid heart rate, and profound blood pressure changes, and could even result in heart attack, stroke, or death.
5. I am aware that tolerance to analgesia means that I may require more medicine to get the same amount of pain relief. I am aware that tolerance to analgesia does not seem to be a big problem for most patients with chronic pain; however, it has been seen and may happen to me. I have been informed that tolerance and physical dependence go hand in hand. Tolerance or failure to respond well to opioids may cause my doctor to choose another form of treatment, reduce the dose, or stop them.
6. All controlled substances must come from one of the physicians from this practice, by the covering physician, unless specific authorization is obtained for an exception. ii. I understand that I must inform this office, of all drugs that I am taking, have purchased, or have obtained, even over-the-counter medications. Failure to do so may result in drug interactions or overdoses that could result in harm to me, including death. iii. I will not seek prescriptions for controlled substances from any other physician, health care provider, or dentist, except for unrelated emergencies, trauma, and surgery. I understand it is unlawful to be prescribed the same controlled medication by more than one physician at a time without each physician's knowledge. Opioid-based cough suppressants, sleeping pills including sedatives, when combined with other prescribed medications utilized in pain management could result in toxicity including death.

Patient's full name _____