

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.* If you are seen in the office, we will generally have same-day appointments available for you. We will always schedule sufficient time to thoroughly discuss your healthcare.
- *Virtual Care:* You may choose to receive some care via telephone, text, or a telehealth visit. Please note that virtual care will be used for lab results and imaging follow-ups. All other appointments should be scheduled as in office visits.
- *Out of Office Visits:* Occasionally, it may be necessary for you to receive care at your home or office. We will provide out of office visits as best our schedules allow, subject to certain limitations.
- *Annual Exam:* Your health and longevity are best served by frequent Office Visits. Therefore, we will perform a through 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.

Email Communication: You acknowledge that the traditional e-mail is not a secure way for sending or receiving personal health information. If You choose to send confidential personal health information by non-secure e-mail, you specifically authorize Access Health or the Practice to reply with personally identifiable protected health information. Access Health prefers that you use the Patient Portal wherever

possible. Access Health has sole discretion whether to reply to any e-mail communication and whether or not to open e-mail attachments. E-mails may become part of your medical record. You also acknowledge that You will not use e-mail to seek an urgent appointment, ask questions about an urgent issue, or for any other time sensitive issue. If You have time sensitive issues, you must contact Access Health by telephone and set up an office visit.

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 choose to pay the Annual Retainer Fee on a quarterly basis, however, to pay quarterly with a credit card; a credit card will have to remain on file. Each 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 consent form will be provided to you if you choose this option.

If you pay annually this can be done via cash, check, or credit card. 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 fee’s. 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.

**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.

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 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 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, 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.
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 causes more pain). Simple touch will be felt as pain and pain gradually increases intensity and the pain's location is all over the body. I understand that opioid-induced hyperalgesia is a normal, expected result of using 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 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 pain, however, it has been