

APPENDIX 1 Bethesda Integrative Medicine Medical and Personalized Services, and Periodic and Enrollment Fees

This Agreement is for ongoing primary care. This Agreement is NOT HEALTH INSURANCE and is NOT A HEALTH MAINTENANCE ORGANIZATION. The Patient may need to use the care of specialists, emergency rooms, and urgent care centers that are outside the scope of this Agreement.

1. Medical Services. As used in this Agreement, the term Medical Services shall mean those medical services that the Physician, herself, is permitted to perform under the laws of the State of North Carolina and that are consistent with her training and experience as a family medicine physician.

Patient shall also be entitled to an annual in-depth “wellness examination and evaluation” which shall be performed by the Physician and include the following:

Health Risk Assessment

Vision Screening

Pulmonary Function Testing

EKG

Age appropriate labs such as complete blood count, metabolic panel, hemoglobin A1C, cholesterol, thyroid stimulating hormone, urine analysis, prostate specific antigen, pap smear

Yearly personalized health and wellness plan

Patient will have follow up appointments as necessary and same day or next day appointment for acute problems.

The Physician may from time to time, due to vacations, sick days, and other similar situations, not be available to provide the services referred to above in this paragraph 1. During such times, Patient’s calls to the Physician, or to the Physician’s office, will be directed to a provider who is “covering “ for the Physician during her absence. Bethesda integrative Medicine will make every effort to arrange for coverage but can not guarantee such coverage.

2. Personalized Services. Bethesda Integrative Medicine shall also provide Patient with the following non-medical services:

(a) 24/7 Access. Patient shall have access to the Physician via instant messaging and video chat. Patient shall also have direct telephone access to the Physician on a twenty-four hour per day, seven day per week basis. Patient shall be given a phone number where patient may reach the Physician directly around the clock. During clinic hours a staff member or answering machine may record a message for the Physician, and she will return your call when she is available. During the Physician’s absence for vacations, continuing medical education, illness, emergencies or days off, Bethesda Integrative Medicine will provide the services of an appropriate licensed healthcare provider for assistance in obtaining medical services. Patient shall be given instructions as to how to contact such healthcare provider. Such provider shall be available to Patient to the same extent as would the Physician.

(b) E-mail Access. Patient shall be given the Physician’s e-mail address to which non-urgent communications can be addressed. Such communications shall be dealt with by the Physician or staff member of Bethesda Integrative Medicine in a timely manner. Patient understands and agrees that email and the internet should never be used to access medical care in the event of an emergency, or any situation that Patient could reasonably expect may develop into an emergency. Patient agrees that in such situations, when a Patient cannot speak to Physician immediately in person or by telephone, that Patient shall call 911 or the nearest emergency medical assistance provider and follow the directions of emergency medical personnel.

(c) No Wait or Minimal Wait Appointments. Every effort shall be made to assure that Patient is seen by the Physician immediately upon arriving for a scheduled office visit or after only a minimal wait. If Physician foresees a minimal wait time, Patient shall be

contacted and advised of the projected wait time.

- (d) Same Day/Next Day Appointments.** When Patient calls or e-mails the Physician prior to 11:00 am on an normal office day (Monday-Friday) to schedule an appointment, every reasonable effort shall be made to schedule an appointment with the Physician on the same day. If the patient calls or e-mails the Physician after 11:00 am on a normal office day (Monday-Friday) to schedule an appointment, every reasonable effort shall be made to schedule Patient's appointment with the Physician on the following normal office day. In any event, however, Bethesda Integrative Medicine shall make every reasonable effort to schedule an appointment for the Patient on the same day that the request is made.
- (e) Home or Office Visits.** Patient may request that the Physician see Patient in Patient's home or office, and in situations where the Physician considers such a visit reasonably necessary and appropriate, she will make every reasonable effort to comply with Patient's request; however, Patient will be charged \$50 if is distance to home or office is less than 10 miles from Practice, or \$100 if distance to home or office 10-20 miles from Practice.
- (f) Visitors.** Family members temporarily vising a Patient from out of town may, for a two-week period, take advantage of the services described in (a), (c), and (d) of this paragraph. Medical services rendered to Patient's visitors shall be changed on a fee-for-service basis.
***Family members who are Medicare beneficiaries must be covered by a Medicare opt out and waiver agreement in order to be treated by Physician.**
- (g) Specialists.** Bethesda Integrative Medicine shall coordinate with medical specialist to whom Patient is referred to assist Patient in obtaining specialty care. Patient understands that fees paid under this Agreement do not include and do not cover specialist fees or fees due to any medical professional other than the Bethesda Integrative Medicine Physician.
- (h) After-Hours Visits** There is no guarantee of after-hours availability. This agreement is for ongoing primary care, not emergency or urgent care. Your physician will make reasonable efforts to see you as needed after hours if your physician is available.
- (i) Acceptance of Patients** We reserve the right to accept or decline patients based upon our capability to appropriately handle the patient's primary care needs. We may decline new patients pursuant to the guidelines proffered in Section 6 (Term), because the Physician's panel of patients is full (capped at 1,200 patients or fewer), or because the patient requires medical care not within the Physician's scope of services.

3. Fee Schedule

Enrollment Fee – This is charged when the Patient enrolls with the Practice and is nonrefundable. This fee is subject to change. If a patient discontinues membership and wishes to re-enroll in the practice we reserve the right to decline re-enrollment or to require that the re-enrollment fee reflect an amount equivalent to the months of absent payments when dis-enrolled from the Practice.

Your Enrollment fee is \$_____

Monthly Periodic Fee (billed at the beginning of the service period) – This fee is for ongoing primary care services.

Each scheduled in person visit will be charged a \$10 per visit fee. Your number of virtual visits (e-mail, electronic, phone) are not capped. We prefer that you schedule visits more than 24 hours in advance when possible. Some ancillary services will be passed through "at cost" (no markup by us). Examples of these ancillary services include laboratory testing and these are described in Appendix 2. Many services available in our office (such as EKGs and Pulmonary function tests) are available at no additional cost to you. Items available at no additional cost will be listed on our website (www.bethesdaintegrative.com) and are subject to change.

The monthly periodic fee is \$_____ per month (due at the beginning of the month of service).