

Appendix 1

Services and Payment Terms

1. **Medical Services.** As used in this Agreement, the term Medical Services shall mean those medical services that the Physician, himself is permitted to perform under the laws of the State of Washington and that are consistent with his/her training and experience as a family medicine physician, as the case may be. A representative sample includes: Regular office visits, physical exams (pap tests extra), DOT physicals (with added fee), chronic disease management, coordination with specialists, consultations, and Blood pressure checks.

Non-included services, provided at an additional significantly reduced costs. A representative sample of procedures include: toenail removal, skin biopsy*, lesion removal*, (*extra charge for pathology services), wart freezing, premalignant skin lesion freezing, suture and staple removal, laceration repair, and breathing treatments. A representative sample of office tests if clinically indicated include: EKG, office spirometry, ankle brachial index. In addition if you desire our pricing, we can offer reduced priced medications, labs and radiologic studies at significantly lower costs, though payment is required at the time ordered.

Non-included services, labs, x-ray, pathology fees will be posted in the office and on-line and are subject to change. These services will be available to you at a reduced rate if you choose to utilize these services.

Non-included services not provided. These are services we personally don't provide in our office, they include: hospital care, prenatal and obstetrical care, outside physician fees, referrals, pathology, lab and radiologic fees.

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 in this paragraph. During such times, Patient's calls to the Physician, or to the Physician's office, will be directed to a physician who is "covering" for the Physician during his absence. WPDC will make every effort to arrange for coverage but cannot guarantee such coverage.

2. **Non-Medical, Personalized Services.** WPDC shall also provide Patient with the following non-medical services ("**Non-Medical Services**"):
 - a. **24/7 Access.** Patient shall have access to the Physician via instant messaging (texting), video chat, and direct phone to the Physician on a twenty-four hour per day, seven day per week basis, for medical issues that arise outside of normal office hours. Patient shall be given a phone number where patient may reach the Physician directly. During the Physician's absence for vacations, continuing

medical education, illness, emergencies, or days off, WPDC will provide the services of an appropriate licensed healthcare provider for assistance in obtaining medical services.

- 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 the Practice 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. **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 noon on a normal office day (Monday through 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 noon on a normal office day (Monday through 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.
 - e. **Home Visits.** Patient may request that the Physician see Patient in Patient's home if the patient is too ill to come in and the Physician considers such a visit reasonably appropriate. These visits are available in a 10 mile radius from the office and are subject to an additional fee.
 - f. **Specialists.** WPDC Physician shall coordinate with medical specialists 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's fees or fees due to any medical professional other than the WPDC Physician.
3. **Payment terms.** Patient will provide credit card or voided check for direct withdrawal from their checking account. Either Patient's credit card or checking account will be automatically charged the recurring monthly fee. In addition, if medications, laboratory services, pathology services, radiological services are sought from WPDC then those charges will also be charged in the same fashion. At initial sign up, 3 months prepayment membership fee will be charged and after the three months, then the recurring monthly fee will processed via electronic funds transfer. Payment for 6

months or more can be made up front and the funds will be held in a trust account. The unused portion will be refunded upon cancellation of membership.

If the member becomes delinquent with their monthly membership fee, no office visits will be authorized until the membership is up-to-date. Medication refills will be denied if the member either is delinquent on their monthly membership fee, or does not comply with routine follow-up appointments.

4. Monthly Fee, subject to change:

- a. Children 0-18 year old, \$10 a month with at least one parent membership
- b. Adults 10+ years old, \$49/month

5. Insurance: We do not accept any medical insurance, and are not contracted with any insurance companies. Medicare patients are not allowed to submit receipts for reimbursement to Medicare or their secondary insurance company, per Medicare guidelines. Patients with regular insurance may choose to submit receipts to your insurance; they may or may not pay for services provided here. We do not submit any insurance claims.

6. Enrollment fee: There is no enrollment fee on initial enrollment. If the membership is cancelled and later restarted, there will be a \$150 re-enrollment fee.