

**BIRCH HILL HEALTH, PLLC
DIRECT PRIMARY CARE
PATIENT MEMBERSHIP AGREEMENT**

Birch Hill Health, PLLC (“Practice”) and _____, (“Patient”) enter into this Direct Primary Care Membership Agreement (“Membership Agreement”) with the Effective Date as stated in Section 1(c) for Patient to become a member of Practice’s Direct Primary Care Program. Practice and Patient are referred to herein collectively as the “Parties.”

1. Membership, Program Services and Enrollment.

- a. Program Membership. Once enrolled into the Program as a member by completing all of the steps outlined in Section 1c, Patient shall be eligible to receive certain primary care medical services (“Program Services”) provided by Practice as specified in **Appendix A**, which is attached hereto and incorporated herein by reference. Practice may add or discontinue a service in **Appendix A** in its sole discretion by emailing or regular mail Patient at least thirty (30) days prior to the change.
- b. DPC not Concierge. This Agreement is for membership in Practice’s Direct Primary Care (“DPC”) Program and is not an agreement for membership in a concierge program. The difference between DPC and concierge is DPC provides patients with certain primary care medical services for the payment of a flat monthly fee. Concierge, on the other hand, involves patient’s payment of a flat monthly fee to obtain immediate or priority access to a provider but does not cover the cost of any medical services; patient’s insurance is billed for these medical services. While this Membership Agreement will provide after-hours access to Patient’s provider via telecommunication and provide Patient with an office visit during normal business hours for acute issues, Patient will not be entitled to an immediate office visit or access to his or her provider whenever Patient so desires.
- c. Enrollment and Effective Date. Patient may enroll into the Program on any day of the month by utilizing Practice’s onboarding link. This is to submit the required personal and billing information for autopayment of fees, sign this Agreement and any other required documents. This Agreement becomes effective on the date Patient completes all of the aforementioned enrollment requirements.
- d. Location. Member shall receive Program Services at 529 US Route 1 Suite 104 York, ME 03909

2. Fees.

- a. Enrollment Fee/Re-enrollment Fee. Each Patient shall pay a one-time, non-refundable enrollment fee to cover the costs associated with Patient’s initial enrollment into the Program (“Enrollment Fee”). The Enrollment Fee shall be twenty-five dollars (\$25.00) for each individual Patient and no more than seventy-five dollars (\$75.00) per household for enrollment at the same time. In the event Patient terminates this Membership Agreement for any reason, Patient will be ineligible to re-enroll in the Program for a period of six (6) months following the effective date of termination. Notwithstanding the preceding sentence, Practice, in its sole discretion, may allow Patient who has terminated their Membership Agreement to re-enroll before the six (6) month period has passed. Any re-enrollment after termination will require Patient to pay a re-enrollment fee in the amount of one hundred dollars (\$100.00) and sign a new Membership Agreement.

- b. Monthly Membership Fee. In addition to the Registration Fee, each Patient shall pay a Monthly Membership Fee (“MMF”) according to the fee schedule noted in **Appendix B**.
- c. Additional Fees. Only those services described in **Appendix A** and not requiring an additional fee are included in the MMF. Services described in **Appendix A** as requiring the payment of an additional fee will require payment to the Practice at the time the services are provided.
- d. Changes to Fees. Practice may change the amount of the Registration Fee, the MMF, referenced on **Appendix B**, and the additional fees described in **Appendix A**, or any other fees associated with this Membership Agreement at any time, in its sole discretion, upon providing Patient at least thirty (30) days advance notice by either emailing Patient or sending them notice in the mail.

3. Automatic Payment of Membership Fees.

- a. Autopayment Information and Changes. During the enrollment process discussed in Section 1.c., Patient will input their debit/credit card information or bank account information (preferred) so that MMF payments may be made automatically. Patient may change or update payment information by accessing his or her account using Practice’s online, onboarding and billing platform, which can be accessed at this web address: <https://www.birchhillhealth.com/>
- b. Authorization. By inputting this information or by changing/updating debit/credit card information during the term of this Agreement, Patient is providing Practice with authorization to have its online, onboarding and billing platform initiate MMF recurring charges every month. This authorization will remain in full force until this Agreement is terminated in accordance with Section 14 and until Practice and Patient’s debit/credit card institution has a reasonable time to act on it.
- c. Appearance for Recurring Auto Payments. The MMF auto charge or debit will appear on card holder or patient/authorized signor’s bank statements as Birch Hill Health, or a variation of this name.
- d. Timing of Auto Payments. Payment for the first month of services will be due upon enrollment. Thereafter, autopayments will be processed every thirty days from the date of Patient’s enrollment as discussed in Section 1c.
- e. Auto Payment Failure/Late Fees. In the event an auto payment fails for any reason, Patient will receive an email with a link to update the credit card/bank account information. If this information is not updated within 14 days from when the payment was due, Practice will contact Patient to obtain updated credit card/bank account information and collect a late payment fee of twenty-five dollars (\$25.00).

- 4. No Insurance Claims**. Practice will not bill any insurance carriers or health care plan to which Patient may be a subscriber or beneficiary for the MMF or any additional fees associated with Membership and the Program Services. Patient is solely responsible for payment for all Services Patient receives from Practice regardless of whether such Services are reimbursable or payable by Patient’s insurance carrier. Any amounts due for additional fees that are not included in the MMF will be paid by Patient at the time the services are rendered. Patient may

ask Practice for an invoice for those Services that require an additional fee to be paid so that Patient may submit a claim for reimbursement to Patient's Insurance carrier if Patient believes the Services are reimbursable.

- 5. No Government Healthcare Beneficiaries.** Patient understands that Membership in the Program is not available at this time to beneficiaries of any government healthcare program, including but not limited to, Medicare, Medicaid, TRICARE/CHAMPUS/CHAMPVA, the Veterans' Administration, or the Indian Health Service. Accordingly, Patient agrees not to enroll in the Program if he or she is a beneficiary of any of the government healthcare programs previously mentioned and further agrees to immediately notify Practice in the event Patient becomes a beneficiary of any government healthcare program. Practice will notify Patient in the event that Practice changes this policy.
- 6. No Government Healthcare Billing or Reimbursement.** Patient understands that the Program Services are not, by law, reimbursable under any governmental healthcare program including, but not limited to Medicare, Medicaid, TRICARE/CHAMPUS/CHAMPVA, the Veterans' Administration, or the Indian Health Service. This means that Practice cannot bill any of these government healthcare programs on Patient's behalf, nor can Patient make any attempt to collect reimbursement from any of these programs.
- 7. Tax-Advantaged Medical Savings Accounts.** Patient may have a tax-advantaged savings account, including, but not limited to, a health savings account, medical saving account, flexible spending arrangement, health reimbursement arrangement, or other similar health plan (collectively, "Tax-Advantaged Savings Accounts"). Because every Tax-Advantaged Savings Account is unique, Patient is advised to consult with their accountant regarding whether any of the fees incurred pursuant to this Membership Agreement may be paid using funds contained in a Tax-Advantaged Savings Account.
- 8. Other Insurance; High Deductibles.** Some services provided herein may be a covered benefit or covered service, at no cost to Patient, under Patient's health benefit plan. Further, third-party payers may not count the Membership Fees incurred pursuant to this Membership Agreement or the fees associated with additional services that are not included in the MMF toward any deductible Patient may have under a high deductible health plan. Patient should consult with their health benefits adviser regarding whether Membership Fees may be counted toward Patient's deductible under a high deductible health plan.
- 9. No Emergency Care.** Practice is not an emergency room, and accordingly, does not have the ability to treat Patient during a medical emergency. If Patient is experiencing a medical emergency, Patient should contact 911 or go to the nearest emergency room to seek immediate treatment.
- 10. Virtual Visits.** Virtual visits are included in the MMF. They are at the sole discretion of Practice as there are times when a virtual visit is not suitable given the situation, which will require Patient to schedule an in-person appointment for treatment.
- 11. First Visit and Annual Wellness Visit.** While the Program Services include virtual visits, Patient's enrollment requires that patients schedule an appointment to be seen in person by Practice for an initial assessment/establish care visit within thirty days of enrollment in the Program. Thereafter, Patient agrees to physically visit Practice for an annual wellness visit at least once per year following the anniversary of the Effective Date.

12. HIPAA and Communications. Practice shall comply with the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) requirements including the privacy regulations, security standards and the standards for electronic transactions. Patient’s participation in the Program and execution of this Agreement will provide Patient with the ability to communicate with the Practice through the use of an encrypted portal. If Patient would like for Practice to communicate with Patient outside of this encrypted portal, such as by regular e-mail, texting and cell phone, Patient will be required to execute the Consent to Unencrypted Email and SMS Messaging of PHI. This will authorize Practice and its staff to communicate with Patient by e-mail and cell phone regarding Patient’s “protected health information” (PHI). E-mail is not an appropriate means of communication in an emergency for dealing with time-sensitive issues. In an emergency, or a situation in which could reasonably be expected to develop into an emergency, Patient understands and agrees to call 911 or go to the nearest hospital as opposed to emailing Practice or leaving a cell phone message.

13. Term. This Agreement shall become effective on the date discussed in Section 1(c) above and shall continue for twelve successive months (the “Term”) and automatically renew for additional one-year periods (“Successive Term(s)”) unless otherwise terminated in accordance with Section 14 herein.

14. Termination.

- a. Termination by Patient. Patient may terminate this Membership Agreement but is required to do so by completing the Written Notice of Membership Termination Form (“Term Form”) which is available by contacting Practice. This Form may be submitted to Practice either in person or by email to: info@birchhillhealth.com
- b. Term Form Timing Requirements. All Term Forms must be received by Practice no later than thirty (30) days prior to Patient’s next credit/debit auto-processing date. Patient shall be responsible for verifying with Practice that his or her Term Form was received by Practice 30 days in advance of Patient’s next auto billing date. Term Forms submitted within the 30-day billing cycle will result in a final MMF auto payment, enabling Patient to utilize the Program Services for another 30 days. No refund will be issued once an auto payment is made.
- c. Termination by Practice. Practice may terminate this Agreement if Patient: a) fails to pay their Membership fees; b) performed an act of fraud; c) repeatedly fails to adhere to the recommended treatment plan; d) violates Practice’s Code of Conduct or is abusive and presents an emotional or physical danger to the staff or other patients of the Practice; e) has healthcare needs that exceed the care that can be provided under the Program; or f) the Practice discontinues the Membership Program. In the event Practice terminates Patient’s membership, Practice shall refund Patient’s MMF on a per diem basis.

15. Not Insurance/Required Disclosure. This Agreement is not health insurance and does not meet the requirements of any federal law mandating individuals to purchase health insurance. It will only cover the services as described in Appendix A. Patient should obtain or keep such health insurance policy(s) or plans that will cover Patient for general healthcare costs. Further, the fees charged in this Agreement may not be reimbursed or applied towards any deductible under a health insurance policy with an insurer.

16. Code of Conduct. In order for Practice to provide a safe and healthy environment for staff, patients and their families, Practice expects Patient and accompanying family members or

friends to refrain from unacceptable behaviors that are disruptive or pose a threat to the rights or safety of other patients or staff. Accordingly, as a condition of membership in the Program, Patient agrees to execute a copy of the Practice's Code of Conduct as part of the onboarding process. Any violation of this Code of Conduct by Patient or their accompanying family members or friends will result in Patient's immediate termination from the Membership Program.

- 17. Indemnification.** Patient agrees to indemnify and to hold Practice and its members, officers, directors, agents, and employees harmless from and against all demands, claims, actions or causes of action, assessments, losses, damages, liabilities, costs, and expenses, including interest, penalties, attorney fees, etc. which are imposed upon or incurred by Practice as a result of Patient's breach of any of Patient's obligations under this Membership Agreement.
- 18. Technical Failure.** Neither Practice nor any Provider will be liable for any loss, injury, or expense arising from a disruption or delay in responding to Patient when the disruption or delay is caused by technical failure. Examples of technical failures include: (i) failures caused by an internet or cell phone service provider; (ii) power outages; (iii) failure of electronic messaging software, or any e-mail provider; (iv) failure of Practice's computers or computer network, or faulty telephone or cable data transmission; or (iv) any interception of e-mail communications by a third party which is unauthorized by Practice.
- 19. Entire Agreement.** This Membership Agreement constitutes the entire understanding between the Parties hereto relating to the matters herein and shall not be modified or amended except in a writing signed by both Parties hereto.
- 20. Waiver.** The waiver by either Practice or Patient of a breach of any provisions of this Membership Agreement must be in writing and signed by the waiving party to be effective and shall not operate or be construed as a waiver of any subsequent breach by either Practice or Patient.
- 21. Change of Law.** If there is a change of any law, regulation or rule, federal, state or local, which affects this Membership Agreement, any terms or conditions incorporated by reference in this Membership Agreement, the activities of Practice under this Membership Agreement, or any change in the judicial or administrative interpretation of any such law, regulation or rule, and Practice reasonably believes in good faith that the change will have a substantial adverse effect on Practice's rights, obligations or operations associated with this Membership Agreement (a "Legal Change"), then Practice may, upon written notice, require Patient to enter into good faith negotiations to renegotiate the terms of this Membership Agreement. If the parties are unable to reach an agreement concerning the modification of this Membership Agreement within ten (10) days after the effective date of the Legal Change, then Practice may immediately terminate this Membership Agreement upon providing written notice to Patient.
- 22. Dispute Resolution/Governing Law/Jury Waiver.** Any dispute regarding this Agreement shall be resolved first by mediation conducted in accordance with the Commercial Arbitration Rules and Mediation Procedures of the American Arbitration Association ("AAA"). Each Party shall bear its own costs of mediation and one-half of the mediator's and/or AAA's fees. If the dispute is not resolved by mediation, the matter shall be settled by final and binding arbitration before a single arbitrator in accordance with the rules of the applicable dispute resolution organization. Any award by an arbitrator shall not include punitive or exemplary damages. This Agreement and the rights and obligations of Practice and Patient hereunder shall be

construed and enforced pursuant to the laws of the State of Maine. Patient irrevocable submits to the exclusive jurisdiction of the state and county courts located in York County and agrees that all proceedings may be brought in such courts. **EACH PARTY TO THIS AGREEMENT ACKNOWLEDGES AND AGREES THAT ANY CONTROVERSY WHICH MAY ARISE UNDER THIS AGREEMENT IS LIKELY TO INVOLVE COMPLICATED AND DIFFICULT ISSUES, AND THEREFORE, EACH PARTY HEREBY IRREVOCABLY AND UNCONDITIONALLY WAIVES ANY RIGHT TO A TRIAL BY JURY IN RESPECT OF ANY LITIGATION DIRECTLY OR INDIRECTLY ARISING OUT OF OR RELATING TO THIS AGREEMENT AND ANY OF THE AGREEMENTS DELIVERED WITH THIS AGREEMENT OR THE TRANSACTIONS CONTEMPLATED HEREBY OR THEREBY.**

23. Appendices and Documents. The Appendices referenced in this Agreement, together with all the documents referenced herein, form an integral part of this Agreement, and are incorporated into this agreement wherever reference is made to them to the same extent as if they are set out in full at the point at which such reference is made.

24. Assignment. This Membership Agreement shall be binding upon and shall inure to the benefit of the Practice and its respective successors and legal representatives. Neither this Membership Agreement, nor any rights hereunder, may be assigned by Patient without the written consent of Practice.

IN WITNESS WHEREOF, the Parties have caused this Membership Agreement to be effective in accordance with Section 1(c) herein.

PATIENT SIGNATURE:

If Patient is a minor, then name and signature of patient's parent or legal guardian

Name of Patient's Parent or Legal Guardian

Signature

Date

Appendix A
MONTHLY MEMBERSHIP
PROGRAM SERVICES

Appointments. All appointments will be at the discretion and scheduling of Practice. Practice does not provide walk-in urgent care services. Practice strives to see patients in a timely manner during normal business hours, which are: Monday through Friday 8:30am-4:30pm. Same-day appointments must be scheduled no later than 12:00pm that afternoon. The last appointment of the day is 4:00pm. New Patients and Wellness visits will not be scheduled for same day appointments and must be scheduled at least one day in advance. For Patients with acute issues concerns, Practice will attempt to see Patients within 24-48 hours if medically necessary during regular office hours.

After-hour Communications. Outside of normal business hours, Patients may call or message their provider every day including holidays and weekends. Calls or secure messages will be returned within 2 hours during normal business hours, or within 8 hours if Patient calls or texts during weekends, holidays, or after 8:00 pm during the week. Calls or messages outside of normal hours are reserved for urgent/acute clinical concerns only. Appointment requests, prescription refills, Program questions and routine health care concerns or questions will not be addressed outside of normal business hours. Routine or continued disregard of this requirement may result in termination of Patient's membership in the Program.

No Emergency Care. In an emergency situation or anything that could possibly be perceived as an emergency situation, Patients should proceed to the nearest emergency room or call 911.

Alternative Provider. In the event Patient's provider is on vacation or is unavailable either in person or via telecommunications, Practice will notify Patient at least two weeks in advance so that Patient may make an appointment prior to provider's unavailability. In the event Patient has an acute issue that needs to be addressed during provider's unavailability, Patient should visit an urgent care center or the emergency room.

Ongoing Primary Care and In-Office Procedures. While there are no fees for office or virtual visits associated with the Program Services, there are some services that require an additional fee to be paid at the time of service. These are detailed below. The DPC Program does not include Federal Motor Carrier Safety Administration ("FMCSA/DOT") physicals, disability determinations for insurance, social security, or ADA purposes or Workman's Compensation visits.

Family Planning. Practice will provide advice and consult on family planning issues. Practice does not provide birth control pills but will provide Patient with a prescription that can be filled at any pharmacy. For Patients who choose to use Nexplanon devices, Practice will provide Patient with a prescription to obtain the Nexplanon device at Patient's own cost. Once obtained, Patient can then schedule an appointment for placement. Patients with insurance will need to inquire of their insurance company to see if their benefits include Nexplanon.

Vaccinations. Practice will make recommendations regarding vaccines for all ages. Practice does not provide vaccinations but will provide Patient with a prescription so Patient may obtain the necessary vaccine from Patient's local pharmacy at a cost to Patient.

Labs. Labs are not included in the monthly membership fees. Practice provides limited, scheduled phlebotomy services on site, but some labs may require Patient to go to an outside facility. For labs drawn at Practice, Patient will be provided with an invoice prior to the draw, with payment expected at time of service. Patient may elect to use their private insurance for laboratory testing; Practice is not responsible for costs incurred with insurance-billed testing.

Medications. Medications will be ordered in the most cost-effective manner possible for Patient. Patient’s membership in the Program does NOT guarantee medications will be prescribed; the provider will do what is medically appropriate for the Patient in determining whether to prescribe medications.

Durable Medical Equipment (DME). DME is equipment utilized in a Patient’s treatment. Practice will advise Patient as to what DME is required and how to obtain the DME. If DME is provided to Patient by Practice, the cost is not included in the membership fee, and will be due at the time the DME is provided.

Pathology. Pathology testing of tissue samples collected from procedures is not included in the membership fee. Practice has negotiated discounted prices for pathology services. Pathology costs will vary depending upon reflexive testing for confirmation, which is performed automatically without the intervention of the ordering physician. Patient will be invoiced for pathology testing when Practice receives a bill.

House Calls. House calls are at the Provider’s sole discretion and must be scheduled at least one-day in advance and are subject to Provider’s availability. Provider will not continue a house call in the event there are safety concerns such as pets and children interfering with Patient’s care.

Imaging and Testing. Outside imaging services (for example, Xray’s, MRI, CT Scans, Ultrasounds) and outside testing (for example, cardiac, pulmonary, GI studies) are not included in the membership fee and will be ordered in an economical manner. Practice has negotiated discounted prices for imaging services with certain imaging facilities. Practice will send the order electronically for the image and Patient will pay the imaging facility directly for these services.

Referrals

Practice’s physician will make recommendations for outside referrals when medically necessary. Practice will make every effort to work with Patient to choose the most appropriate service provider based on skill, geographical location, and cost-effectiveness.

Listed below are the services included in the Program and whether there is any additional fee due for the particular service. If there is any additional fee to be paid, the payment is due at the time the medical services are rendered.

DPC Monthly Membership Program Services -		
Type	Description	Additional Fee?
WELLNESS AND PHYSICALS	Well adult and child exams, sports, camps, and school physicals but no DOT (Department of Transportation) physicals, disability determinations for insurance, social security, or	No

	ADA purposes or Workman's Compensation visits	
	Same-day / next-day sick visits (based on availability). See Appointments above	No
	Virtual visits (phone, secure text, video and email visits) See Appointments above	No
	Coordination of Specialty Care	No
	Forms Completion	No
	Pre-operative Evaluation	No
VACCINES	Counseling for needed vaccines and immunizations only; no vaccines provided by Practice	Not provided at this time. Tdap and annual influenza vaccination will be included in the future
ACUTE ISSUES	Initial evaluation and basic management of conditions such as, but not limited to abdominal pain, acid reflux, allergic reactions, ankle injuries, asthma attacks, back strains, bedbugs, bee stings, blood clots in the legs, bone fractures, bug bites, burns, bursitis, carpal tunnel, chest pain, cold sores, conjunctivitis, constipation, COPD exacerbations, COVID, cuts, diarrhea, dizziness, ear infections, electrolyte abnormalities, erectile dysfunction, eyelid infections, gallbladder infections, genital concerns, gout, headaches, hemorrhoids, hip injuries, influenza, ingrown toenails, intertrigo, kidney problems, kidney stones, knee injuries, lice, migraines, mono, nausea and vomiting, plantar fasciitis, pneumonia, rashes, rectal bleeding, ringworm, scabies, seasonal allergies, sexually transmitted infections, shingles, shoulder injuries, skin infections, sports injuries, sprains and strains, stomach ulcers, strep throat, tonsil stones, tonsillitis, tooth infections, urinary tract infections, vaginal discharge, yeast infections	None for initial evaluation, but additional cost may be necessary depending on further testing, referrals, or treatments that are needed
	House calls adult (See house calls above)	\$100 per visit
CHRONIC CONDITIONS	Evaluation and basic management of conditions such as, but not limited to acne, adrenal insufficiency, allergies, angina, anxiety, asthma, autoimmune diseases, chronic constipation, chronic kidney disease, COPD, Crohn's disease, depression, diabetes, eczema, enlarged prostate, gastroesophageal reflux disease (GERD), heart disease, heart failure, high blood pressure, high cholesterol, leg swelling, menstrual irregularities, neurological diseases, osteoarthritis, osteoporosis, psoriasis,	None for initial evaluation, but additional cost may be necessary depending on further testing, referrals, or treatments that are needed

	rheumatoid arthritis, seborrheic dermatitis, sleep apnea, stroke, thyroid disease, ulcerative colitis	
DERMATOLOGY ISSUES	Initial evaluation and basic management of conditions such as, but not limited to acne, athlete's foot, atypical moles, burns, calluses, corns, dandruff, eczema, excessive sweating, genital warts, hand eczema, hives, hidradenitis suppurativa, ingrown toenails, intertrigo, keloids, skin precancers, psoriasis, rashes around the mouth, ringworm, rosacea, skin tags, unwanted hair growth, vitiligo, warts	None for initial evaluation, but additional cost may be necessary depending on further testing, referrals, or treatments that are needed
	Skin cancer screening	No
	Abscess draining	No
	Skin fungus testing	Yes, outside lab
	Skin shave/punch and biopsies	Not for shave or punch, but cost of outside pathology
	Total body skin exams	No
PROCEDURES	Ingrown nail removal	No
	Injections for knee pain, and shoulder pain	None for the injection, but there is an addition cost for the medication injected
	Removal of objects from ears, nose	No
	Stitches	No
	Fracture care, casting, and splinting (may be times when outside referral to orthopedist may be necessary)	Yes, outside imaging fee and cost for cast and/or DME
	Cryotherapy for warts and certain skin lesions (when appropriate and in the sole discretion of Provider)	No
	Ear wax removal	No
	Laceration repair with or without sutures	No
	Foreign body removal (at Provider's discretion, some foreign body removal may require a referral to a specialist)	No
	Incision and Drainage	No
IN-OFFICE LABS	Urinalysis	No
	Blood Glucose Finger Stick	No
	Rapid Respiratory Syncytial Virus (RSV) Test	No
	Hemoglobin A1C Finger Stick	No
	Urine Pregnancy Test	No
	Rapid Strep	No
	Rapid Mono	No
	Rapid Flu	No
	Rapid Covid Test	No
COUNSELING	End-of-life planning	No
	Exercise counseling	No

	Nutrition counseling	No
	Smoking cessation counseling	No
	Stool blood testing	No
	Testicular exams	No
	Weight management counseling	No
GYNOCOLOGIC CARE	Initial evaluation of and basic management of conditions such as, but not limited to breast concerns, menstrual irregularities, menopause, overactive bladder, urinary tract infections, vaginal discharge, vaginal yeast infections	No for initial evaluation, but additional cost may be necessary depending on any further testing, referrals, or treatments that are needed
	Osteoporosis screening counseling and coordination	No for the counseling and coordination, but screening tests (DEXA) from an outside facility will include additional costs
	Breast cancer screening counseling and coordination	No for the counseling and coordination, but screening tests from an outside facility will require additional costs
	Breast exams	No
	Cervical cancer screening/pap smears	No, but outside pathology will require additional costs
	Contraception counseling	No
	Birth control, IUD/Nexplanon	See family planning above
	Family planning counseling	No
	Pelvic exams	No
MEN'S HEALTH	Initial evaluation and basic management of enlarged prostate, genital problems, erectile dysfunction	No for initial evaluation, but any further testing, referrals, or treatments will require additional cost
	Prostate cancer screening counseling and coordination	No for the counseling and coordination, but screening tests from an outside facility will require additional cost
	Testicular exams	No

PEDIATRIC GENERAL CARE	First Newborn Visit	No
	Infant, Child, Adolescent and Young Adult Well-Care visits	No
	Infant, Child, Adolescent and Young Adult Wellness Exams	No

	School/Camp/Sports Physicals	No
	Office Visits	No
	In-Office Nebulizer treatments	No
	Basic Vision Screening	No
	Basic Hearing Screening	No
	Preventive health care	No
	Vaccines	Not provided at this time.
	Medications, See Medications above	Yes, fee depends on cost of the medication
	Same-day / next-day sick visits (based on availability). See Appointments above	No
	Virtual visits (phone, secure text, video and email visits) See Appointments above	No
	Coordination of Specialty Care	No
	Forms Completion	No
	House calls (Pediatric) (See House Calls above)	Yes, \$100.00 per visit
PEDIATRIC COMPLEX CARE	Developmental and Autism Screenings	No
	Hospital Follow-Up and/or Pre-Op Evaluations	No
	Nutrition & Weight Management Planning	No
	Vaping/Smoking cessation guidance	No
	Family Planning- Advice and consult only	No
PEDIATRIC PROCEDURES	Fracture Care/Splinting- Depending on the extent of the injury simple splinting with no DME is included for no additional fee but there may be times when an injury requires a referral to a specialist.	No
	Durable Medical Equipment (DME) for fracture care and injuries (boots, braces, etc.)	Yes, fee depends on the wholesale cost of the DME
	Cryotherapy for warts and certain skin lesions (when appropriate and in the sole discretion of Provider)	No
	Ear wax removal	No
	Spirometry	No
	Laceration repair with or without sutures	No
	Foreign body removal (at Provider's discretion, some foreign body removal may require a referral to a specialist)	No
	Incision and Drainage	No
PEDIATRIC IN-OFFICE LABS	Urinalysis	No
	Blood Glucose Finger Stick	No
	Rapid Respiratory Syncytial Virus (RSV) Test	No
	Hemoglobin A1C Finger Stick	No
	Urine Pregnancy Test	No
	Rapid Strep	No

	Rapid Mono	No
	Rapid Flu	No
	Rapid Covid Test	No
PEDIATRIC OUTSIDE LABS	All labs not performed in-office	Yes, fee determined by outside lab

Appendix B
MONTHLY MEMBERSHIP FEE

The Monthly Membership Fee shall be as follows:

Each Patient from the ages of 0 to 26	\$40.00 per month
Each Patient from the ages of 27 to 60	\$70.00 per month
Each Patient age 61 and older	\$100.00 per month
Family Plan:	
Family of 2: 10% discount per month	
Family of 3 or more: 15% discount per month	

