



Faith Immediate Care & Occupational Medicine
Direct Primary Care Membership Agreement

This Direct Primary Care Membership Agreement (the "Agreement") specifies the terms and conditions under which your company will participate in.

1. This Agreement is between Faith Immediate Care & Occupational Medicine ("Faith") and _____, and include the following person(s) listed below (attach additional sheets if necessary):

MEMBER NAME

Name:	SSN:	Date of Birth:	Age:

2. The term of this Agreement is for one year, beginning on _____. The Agreement shall automatically renew for successive one year periods unless either party cancels the Agreement in writing.
3. This Agreement is **NOT A HEALTH INSURANCE POLICY**, and does not cover services or care given at any other facility than the participating clinics as shown below. This Agreement includes only the specific services as outlined in Section 18 below, and does not include any major catastrophic medical care provided by emergency rooms, hospitals, urgent care centers, services rendered by specialists or specialty clinics, or other entities not outlined specifically as a participating clinic. Member(s) further understand(s) that participation in the Agreement by the clinics shown does not necessarily mean that every healthcare provider working at the participating clinics is also participating in providing services to Member(s).
4. Adult Members participating in the Agreement may sign up a spouse or dependents under additional private agreements. A valid picture ID is required to enroll in a membership and will be required to verify identity before receiving membership

services, except in the case of a minor enrolled in the membership, who must be accompanied by a parent or legal guardian that is also enrolled in the membership.

5. At the date of this Agreement, membership fee is \$39.00 (Introductory Rate) per individual.
6. Monthly membership fees shall be paid by monthly charges to the Members' credit card, debit card, or automatic bank draft or invoiced to member company and must be paid prior to service date. Initial charge will include the first month's dues. Member shall update credit card, debit card, or banking information when necessary and in a timely manner, and will be responsible for any amounts owed to Faith regardless of whether the account or card is expired, cancelled, or otherwise not accepted for payment. Member(s) agree to pay a \$25 added charge for each time the Member(s) account declines payment of the monthly charge per individual or member.
7. This Agreement authorizes Faith to keep credit card, debit card, or banking information on file, and to charge the Member's applicable account for monthly fees without requiring Faith to obtain written authorization for each new charge.
8. **Member(s) understand(s) that WITHOUT EXCEPTION, all Members included in this Agreement will not be seen for a patient appointment unless the membership fees have been paid up through or beyond the date of the desired appointment.**
9. Member(s) understand(s) that Faith or Member(s) may terminate this Agreement at any time and for any reason. Members are required to give notice in writing 60 (sixty) days prior to termination date.
10. Member(s) understand(s) that Faith may add or decrease services, participating providers, and participating clinics, OR increase membership fees at any time. In the event of such changes, Faith will provide notice to Member(s) at least 60 days before the change.
11. Member(s) understand(s) that there may be additional charges for equipment, laboratory, referral, or other services that are ordered through outside entities or providers as a result of care given by a participating clinic or provider. This Agreement does not cover additional charges for such items. Only the services specifically outlined on services offered sheet are covered by the membership fees. If a participating clinic or provider renders services beyond the scope of this Agreement, there will be added charges. **Member(s) agree to pay for these additional charges at the time of service.** If

these or any other additional charges are not paid at the time of service, Member(s) agree to allow Faith to charge the Member(s) account(s) on file for those amounts.

12. Member(s) will be charged a \$49.00 co-pay per office visit in addition to the monthly membership fee. This fee must also be paid at the time of service.
13. Participation in this Agreement requires Member(s) to also agree to the participating clinics' Policies and Arbitration agreements.
14. Member(s) also covered under Medicaid or other health insurance plan with which participating providers are contracted, agree(s) NOT to seek reimbursement from their insurance plan for services received under this Agreement. Faith will not file an insurance claim for Member(s), and Member(s) also agree not to file an insurance claim.
15. Member(s) also enrolled in Medicare understand and agree that Medicare WILL NOT be billed for services rendered to Member(s) under this Agreement, and Member(s) agree not to seek reimbursement from Medicare for any services rendered under this Agreement.
16. Faith reserves the right to refuse membership or terminate membership of any person for any reason.
17. Included Services in the membership:

Acute Care

Coughs, Colds, Flu, Sprains, Sinus and Ear Infections, Sore Throat, Fever, Rashes, Diarrhea, Back Pain, Strep Tests, Simple Splinting of Broken Bones (not including manipulation of displaced or complex fractures), X-rays (1 per month, per member) Asthma, Bronchitis, Pneumonia, Kidney and Bladder Infections, Non-life Threatening Medical Issues

Standard Labs

CBC (Complete Blood Count), Lipids, CMP (Comprehensive Metabolic Panel). All other labs are offered at a discount.

Physicals

School, Athletic, Scout, Adult, Mission, Annual Wellness (1 per year, per member)

Preventive Medicine

Electrocardiograms, Vision Screening, Spirometry or PFT, Body Composition Analysis

Minor Surgeries

Wound Care, Minor Laceration Repair, Wart Destruction

Procedures, Tests and Treatments

In-house Rapid Strep and Flu Tests, X-ray (Additional charge if sent outside of clinic to Radiologist to be overread), EKG, Splint Broken Bones, Earwax Removal, Abscess Draining, Foreign Body Removal, Urinalysis, Nebulizer Breathing Treatment, Trigger Point Injections, (1 per member/per month on all procedures, tests, & treatments)

Men's and Women's Health

Well Man and Woman Screenings (In-house Labs included), Pap for women and PSA for men, Cancer Prevention, Pre-conception Health, Peri Menopause and Post Menopause Health

Pediatrics (18months and older)

Well Child Evaluations

18. Member(s) understand(s) that charges for items not covered by the membership must be paid at the time of service, and will NOT be billed through the Member(s) monthly membership dues agreement. Those items available for an additional fee are as follows:

Any lab test not included above, Lab tests done by any outside lab, immunizations, ultrasounds, or any other ancillary services provided by another entity, regardless of whether their service is provided elsewhere.

19. Excluded Services:

Chronic pain management, Ongoing treatment with controlled medications, Substance abuse withdrawal, Major surgeries, Procedures involving general or regional anesthesia, CT scans, MRI scans, Cardiac stress tests, Pre-natal and obstetrical care, Electroencephalograms, Medications, Any care given by a provider not listed as participating in this membership, Any care in the sole determination of the provider that is best handled in the emergency room of a hospital, Any procedure in the sole determination of the provider that falls outside of his or her area of training or expertise, or Care rendered by specialists or specialty clinics.

20. Member(s) understand(s) that the visit and monthly membership fees required under this contract DO NOT apply towards any health insurance plan deductible. Furthermore, membership under this contract DOES NOT by itself fulfill the personal health insurance mandate under the Affordable Care Act (commonly known as "Obamacare").

Member(s) also understand(s) that Faith makes no representations regarding the tax implications of membership in this Agreement. Member(s) are encouraged to seek the advice of a competent tax professional for advice regarding any related tax issues.

Name

Signature

Date Signed

Printed Name of
Faith Immediate Care Representative

Signature

Date