Desert Foothills Concierge Medicine

Membership Agreement

Welcome to Desert Foothills Concierge Medicine! I am committed to providing a quality, personal healthcare model that gives you the care you want without the restrictions and limitations that insurance companies impose on us.

1. Provider-Patient Relationship

By your signature, you acknowledge that you are voluntarily becoming a patient of Desert Foothills Concierge Medicine. As a Desert Foothills patient, the services described in Section 2 below, will be made available to you pursuant to the terms of this Membership Agreement.

1. My Services

**Healthcare Services:** As a patient, you are eligible to receive a set of primary care, preventive care and urgent care services.

**Direct Access Services:** As a patient, you are eligible to receive 24/7 mobile phone access (for URGENT CARE SERVICES ONLY) and email access to me along with a low patient-to-provider ratio. I maintain a 4-hour phone and 8-hour email turn-around time.

There is a detailed **Services** list available for you to view on the website, [www.desertfoothills.com](http://www.desertfoothills.com) and these services may be updated and changed without notice.

You are entitled to an annual physical, with proper documentation, for you to submit to your insurance company. This is not the same as an Annual Wellness Visit or Subsequent Wellness Visit as required by Medicare.

By entering into this Agreement, you acknowledge that Desert Foothills Concierge Medicine does not take insurance, process insurance documents or submit any information to any insurance companies.

1. Fees & Payments

Most, but not all, of the **Services** listed on the Service List are covered when you become a member of Desert Foothills Concierge Medicine. There will be an \* next to services that may require a separate fee.

**Member Payment Responsibility:**

You agree to pay the amount posted and agreed upon for an Initial Consultation along with the fees associated with the Introductory Package for chronic condition services and/or the Acute Care Packages available based on the initial assessment that is completed when you are screened for healthcare services.

There is a $100 non-refundable fee when booking your appointment for an Initial Consultation and the Introductory Package. This amount can be used for up to 90 days, if you were to reschedule your appointment. The Acute Care Visit will have a $25 non-refundable fee when you book your appointment and you will not be able to use it at a later date. Remaining fees will be paid prior the start of the first visit.

Desert Foothills Concierge Medicine and Patient expressly understand and acknowledge that the provision of Healthcare Services under this Agreement constitutes the establishment of a direct relationship between the Patient and the Provider without influence of guidelines, restrictions or contracts established by Insurance Companies, Health Maintenance Organizations, Hospital Service Organizations or the Medicare or Medicaid (AHCCCS) programs.

Desert Foothills Concierge Medicine expressly understand and acknowledge that this Agreement is not intended to duplicate any benefits, services or supplies that are provided by private insurance, Medicare, Medicaid (AHCCCS) Programs.

You understand that the services provided for the Initial Consultation, Introductory Package, Acute Care Package and any other Packages developed are “non-covered” services. Non-covered means medically-related services that your insurance payors (private or governmental) deems not covered. The fees paid to Desert Foothills Concierge Medicine may be covered for HSA/Flex accounts as long as you are getting medical services in exchange. You can consult with your insurance company to seek clarification.

Desert Foothills Concierge Medicine will not bill any insurance companies for services but may provide you with documentation that you can submit to your insurance for reimbursement.

Patient understands and acknowledges that this Agreement is not intended to circumvent the Patient’s right to obtain health, life or disability insurance and that Desert Foothills Concierge Medicine is not recommending that Patient no longer requires health, life or disability insurance. Patient is not required to possess insurance as a condition of this Agreement, however, Desert Foothills Concierge Medicine encourages that Patient obtain insurance to cover Catastrophic Health Insurance coverage or any other level of insurance the Patient desires.

1. Terms & Conditions

This Membership Agreement shall begin upon the Effective Date and continue until such a time that the Patient and/or Provider agree that it is terminated.

You many terminate this Membership Agreement at any time, when your chosen package ends. If you are under a monthly or quarterly plan that has automatic bank deductions; a 30-day written and signed notice is required in order to stop the transaction. Upon cancellation, after payments are received for the agreed upon term, you will not be responsible for any further payments.

Desert Foothills Concierge Medicine may terminate this Agreement at any time, subject to professional obligations. Additionally, if a Member fails to make the agreed upon payment, Desert Foothills shall give notice to Member and provide a 10 day grace-period to make the payment. If payment has not been received after 10 days, Desert Foothills may terminate this Agreement immediately, with notice to the Member.

Finally, any disputes arising out of the Membership Agreement can be subjected to arbitration in Maricopa County in the State of Arizona pursuant to the rules of the American Arbitration Association. The decision of the arbitrators shall be conclusive and binding on the Member and Desert Foothills Concierge Medicine. Any costs associated with arbitration will be paid by the party seeking arbitration. By signing this Membership Agreement, the Member expressly waives their right to a trial in any court.

This Membership Agreement will be governed by and construed in accordance with the laws of Arizona.

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Signed Name Printed Name Date