

CHP Public Direct Primary Care Membership Agreement

This membership agreement is between Collaborative Health Partners (CHP) and you, the patient, to include any covered family members as defined in this agreement. The agreement applies only to noted covered services rendered at our DPC Clinic. By signing, you agree to participate in the DPC Program and comply with the terms outlined in this Agreement.

Section 1. General. The DPC Program is intended to promote personal responsibility for health care in a cost-effective manner. By participating in the DPC Program, you are eligible to receive DPC Services. Please understand that this program is not insurance, and it should not be viewed as a replacement for insurance.

Section 2. Eligibility. Only patients who are uninsured or have commercial health insurance policies are eligible to participate in the DPC program. Patients with government-issued health insurance plans such as Medicare, Medicaid, Federal Employee plans, and/or Tricare are not eligible to participate. If you fail to disclose enrollment in a government-issued health insurance plan or enroll after your membership starts, you will not be able to remain in the DPC program.

Section 3. Insurance or Other Medical Coverage. You acknowledge and understand that this agreement is not an insurance plan, and not a substitute for health insurance or other health plan coverage and does not satisfy any federal mandates. It will not cover hospital services, or any other services not provided by the DPC Clinic or its DPC Providers as part of the DPC Program. You acknowledge that the Clinic has advised you to obtain or keep in full force such health insurance policies or plans that will cover general healthcare costs. You are personally responsible for the payment of any additional medical expenses incurred.

Section 4. Claims Submission. You acknowledge and agree that the DPC Clinic will not file any claims for services rendered at the DPC Clinic to any health insurance plan. Non-covered services rendered are your responsibility to pay in full. In addition, if we use any third-party vendor(s) for imaging and/or lab testing, etc., it is your responsibility to provide your health insurance information to the third-party vendor.

Section 5. DPC Providers. Membership in the DPC Program entitles you to receive primary and non-emergent urgent care services from one or more of the DPC Clinic's Physicians or Advanced Practice Providers (APP) listed at www.collaborativehealth.com/areas-of-care/dpc.

Section 6. DPC Services. In exchange for your monthly DPC membership remittance, the DPC Clinic and its DPC Providers will furnish services described in this agreement as outlined on the last page. All DPC Services will be furnished in accordance with the DPC Clinic's policies and procedures.

Section 7. Non-Covered Services. Services that are not included as part of the DPC Program as described in this agreement as outlined on the last page are billed to you separately and directly in accordance with the DPC Clinic's standard fee schedule and processes. You are required to pay the DPC Clinic for any items and services not covered in this agreement.

Section 8. After-Hours Care. The DPC clinic provides an after-hours on-call provider when needed for emergent non-life-threatening health issues. The on-call provider will advise you via telephone with corresponding documentation in your electronic medical record.

Section 9. Privacy & Communications. As a member of the DPC Program, you understand and agree that communications with DPC Providers and/or staff using e-mail, facsimile, video chat, instant messaging, and cell phones are not guaranteed to be secure or confidential methods of communications. If you initiate a conversation in which you disclose Protected Health Information (PHI) on one or more of these, you will have authorized the DPC Clinic and/or staff to communicate with you regarding PHI in the same format.

Section 10. Family Members. A family member is defined as your spouse, or your dependent children aged 25 years or younger. Family members may choose different providers to establish care within the DPC Clinic.

Section 11. Fees. In exchange for DPC Services, you agree to remit a one-time registration fee of \$100.00 and a monthly membership fee. The monthly Membership Fee is paid via a monthly debit to your credit card or checking account through a third-party vendor, Accresa, by Ameriflex. Memberships are billed at the beginning of each month and late after the 15th of the month. See table below for monthly membership fees:

Single Adult Member	=	\$75.00
Adult and Spouse	=	\$150.00
Family of 3	=	\$225.00
Family of 4	=	\$270.00
Family of 5 plus – per each additional	=	\$20.00

Note: any change in monthly fees will be furnished to you in writing a minimum of sixty (60) days in advance

Section 12. Non-Participation in Insurance. You acknowledge that this agreement is not a contract to provide health insurance, does not meet any government mandated guidelines, and is not intended to replace any existing or future health insurance or health plan coverage that you may carry. This Agreement is for ongoing primary and/or non-emergent urgent care in the DPC clinic as outlined.

Section 13. Term and Termination. This Agreement shall begin on ____/____, 202____ and continues on a month-to-month basis until terminated.

Unless previously terminated, at the expiration of the initial one-month term, and each succeeding monthly term, the agreement will automatically renew for successive monthly terms upon the payment of the monthly fee at the beginning of the contract month.

You may terminate this agreement at any time, with or without cause, upon written notice to the DPC Clinic thirty (30) days prior to your auto renewal. In the event you terminate this agreement, then choose to reenroll, you must complete the application process including the one-time registration fee.

The DPC Clinic may terminate the agreement at any time, with or without cause, upon thirty (30) days' written notice. The Clinic may terminate this agreement if:

- You fail to pay applicable fees owed pursuant to this Agreement.
- You have two outstanding payments without contacting the DPC Clinic.
- You have performed an act that constitutes fraud.
- You repeatedly fail to adhere to a recommended treatment plan or agreements.
- You are abusive, present any emotional or physical danger, or threat to the staff or patients of the DPC Clinic, as determined by the DPC Clinic in its sole discretion.
- The DPC Clinic discontinues operation or discontinues the DPC Program in its current format.



Section 14. Assignment. This Agreement, and any rights you or the DPC Clinic may have under it, may not be assigned or transferred to any other person.

Section 15. Authorization. Any individual signing this Agreement on behalf of any other individual(s) represents and warrants in his or her individual capacity that he or she has full authority to do so on behalf of such other individual(s). If authorization is in the form of a medical power of attorney, the power of attorney must be presented ten (10) days in advance for review of validity and terms.

Section 16. Copy. The parties acknowledge and agree that a copy of this Agreement will be given to the signer upon execution. You have the right to request an additional copy.

Printed Name of Signer

Patient/Parent/Guardian Signature

Printed Name of DPC Clinic Representative

DPC Clinic Representative Signature

Direct Primary Care Services are inclusive of the following:

- Acute Care
- Annual Wellness/Preventative Medicine
- Care Coordination
- Chronic Care Management
- COVID/Influenza Testing
- Influenza Vaccine
- In-House Labs (if available)
- In-House X-rays (if available)
- Medication treatments – inhaled and injected
- Skin-based Surgical Services i.e., mole excisions, wart removals, punch biopsies, etc.

Direct Primary Care Services are not inclusive of the following by means of example and not exclusion:

- Allergy Injections/Serums
- CVFP Diagnostic Center Services
- Collaborative Health Specialty Services
 - Behavioral Health
 - Endocrinology Specialists
 - ONMM
 - Sports Medicine
- No-scalpel Vasectomies
- Vaccines – all except influenza
- Services performed outside of a Collaborative Health Partners/CVFP network of PCP locations
- Specialist services within or without of the Collaborative Health Partners network

Please note, some ordered services may be performed or reviewed at other non-CHP/CVFP facilities and in these instances, you may receive a bill from an outside facility. Examples include, but are not limited to, HealthTracks, Quest and Outside Imaging Facilities.

By signing below, I understand the services that are and are not included in the Direct Primary Care Public Offering:

Printed Name of Patient/Parent/Guardian

Patient/Parent/Guardian Signature

Date