



Member Agreement

This is an Agreement between Collier Family Medical, PLLC (**Practice**), a North Carolina State PLLC, located at 1220 N. Flint St., Lincolnton, NC 28092. Mrs. Amanda Collier (**Nurse practitioner**) in her capacity as an agent of Collier Family Medical, PLLC, and you, (**Patient**).

Background

The Nurse Practitioner, practices family medicine, delivers care on behalf Collier Family Medical in Lincolnton, North Carolina. In exchange for certain fees paid by You, Practice, through its Nurse practitioners(s), agrees to provide Patient with the Services described in this Agreement on the terms and conditions set forth in this Agreement. The practice website is www.collierfamilymedical.com

Terms

- I acknowledge and understand that I am voluntarily becoming a **Collier Family Medical, PLLC** ("**Collier Family Medical**") member for primary care services on behalf of myself or individuals for whom I am a parent or legal guardian. I understand that this agreement is non-transferable.
- I have received and reviewed the "Member Services Guide," which describes the types of services provided. I have had the opportunity to ask questions and receive answers about its content.
- I acknowledge and understand that the monthly membership fee is paid in consideration for the services outlined in the Member Services Guide. I understand that if my care requires services or supplies that are not included in my membership, the fees for these services or supplies will be discussed with me in advance and I will be responsible to pay these fees in full at the time of service. • I acknowledge and understand **that this agreement does not provide comprehensive health insurance coverage nor is it a contract of insurance. It only provides for primary care health care services as specifically described in the Member Services Guide. I recognize that I am encouraged to obtain conventional private individual, catastrophic, or comprehensive health insurance.**
- I acknowledge and understand that the monthly fee paid to Collier Family Medical does not cover the cost of prescription drugs, hospitalization costs, major surgery, dialysis, high level radiology (CT, MRI), rehabilitation services, or procedures requiring general anesthesia, or similar advanced procedures, services or supplies and that I am responsible for any charges incurred for those services performed outside of Collier Family Medical.
- I acknowledge and understand that Collier Family Medical will not bill an insurance carrier, Medicare or Medicaid for any services provided.
- I acknowledge and understand that if I am enrolled in Medicare, I will receive a copy of the "Medicare Opt-Out Agreement" for review and signature before my first appointment.
- I acknowledge and understand that to become a Collier Family Medical member, I must submit my first month's membership fee with my enrollment forms, which shall include my authorization for automatic monthly payment of my monthly membership fee.



- I acknowledge and understand that my monthly membership fee will be automatically transferred from my selected choice of payment each month on the same day of the month that my membership was accepted by Collier Family Medical. This day of the month is the beginning of that month's services. In the event payment is not received, Collier Family Medical will notify me through my given contact information and will charge a **\$25 late fee**.
- I acknowledge and understand that Collier Family Medical may add or discontinue services included in the fee or increase my fee schedule at any time (but no more than once annually) and that I will be given at least sixty (60) days' notice of fee schedule changes.
- I acknowledge and understand that Collier Family Medical may cancel this Member Agreement for cause due to nonpayment of fees or for unruly, threatening, or inappropriate behavior by providing me written notice. Any pre-paid monthly fees will be prorated from the date of cancellation and returned to me within ten (10) business days. Collier Family Medical will not cancel this Member Agreement solely based on health status.
- I acknowledge and understand that I am free to cancel this Member Agreement, **AFTER A 3 MONTH INITIAL TERM**, by providing written notice Collier Family Medical, 1220 N. Flint St., Lincolnton, NC 28092. **Monthly fees will continue to accrue until the written cancellation is received.**
- I acknowledge and understand that if I cancel this Member Agreement and decide to re-enroll, I must submit a reenrollment fee of \$200 along with the other requirements of enrollment. Collier Family Medical makes no representations that I will be able to reenroll at some future date.

Rights and Responsibilities

- I agree to disclose all information relating to my health condition and to actively collaborate with my health care provider to understand my treatment options and develop the best course of action.
- I understand that my enrollment in Collier Family Medical is a commitment to my ongoing health and wellness. I agree to commit to those plans for my medical care which have been agreed upon by me and my provider.
- I understand that I will be forthright regarding my prescription medication and my use of them.
- I understand that it is my responsibility to inform Collier Family Medical of any changes to my credit/debit card or bank account information.
- I understand that it is my responsibility to ensure that Collier Family Medical has correct contact information (e.g., mailing address, phone) for my account.
- I agree to arrive on time for my appointment. If I do not arrive on time, my provider may not be able to spend as much time with me as I may need. In addition, I agree to call Collier Family Medical at least 24 hours before an appointment if I need to cancel so that other patients can use my visit time.
- I understand that I have the right to receive accurate and easily understood information about Collier Family Medical health care services, health care professionals, and health care facilities.



- I understand that I have the right to speak in confidence with my Collier Family Medical provider and to have my health care information protected. I understand that Collier Family Medical will not disclose my information without my authorization or without a legal obligation to do so. I also understand that I have the right to review and receive a copy of my personal medical record and may request that my health care provider amend my record if I feel it is inaccurate or incomplete by contacting my Collier Family Medical provider.
- I understand that the monthly fee is intended to cover Collier Family Medical provider's availability to provide services as well as the individual services provided and that the monthly fee is due for months under the Member Agreement even if I do not communicate with Collier Family Medical providers or see them during a particular month.
- I understand that I am responsible for all bills associated with services provided outside the direct agreement for primary care services, whether provided by Collier Family Medical or another organization or individual.
- In the event I wish to cancel my membership, **I understand that I must notify Collier Family Medical in writing of my intent to cancel.** Notice by email is sufficient. If my account is overdue, I am responsible for resolving the outstanding balance prior to my service cancellation.
- I understand that if I am dissatisfied for any reason, I may contact the Clinic's Administrator to address any complaints at amandacollier@collierfamilymedical.com or 704.240-5260; I agree to first bring issues to the attention of Collier Family Medical. I understand that I may address any unresolved complaints to the attention of the Office of the Insurance Commissioner for the State of North Carolina by calling the **Consumer Services Division** at: [855-408-1212](tel:855-408-1212) or by mail at NC Department of Insurance, 1201 Mail Service Center, Raleigh NC 27699-1201.

X

Member

X

Date



Patient Understandings (initial each):

_____ This Agreement is for ongoing primary care and is NOT a medical insurance agreement.

_____ In the event of a medical emergency, I agree to call 911 first.

_____ I do NOT expect the practice to file or fight any third-party insurance claims on my behalf.

_____ I do NOT expect the practice to prescribe chronic controlled substances on my behalf.

(These include commonly abused opioid medications, benzodiazepines, and stimulants.)

_____ In the event I have a complaint about the Practice I will first notify the Practice directly.

_____ This Agreement (without a “wrap around” compliant insurance policy) does not meet the individual insurance requirement of the Affordable Care Act.

_____ I am enrolling (myself and my family if applicable) in the practice voluntarily.

_____ I may receive a copy of this document upon request.

_____ This Agreement is non-transferable.

By my signature below, I agree to become a Collier Family Medical member and I agree to the terms outlined in this Member Agreement. Parents or guardians of members under age 18 may sign on their behalf as their representative. A separate registration must be completed for each patient in a family. This Member Agreement will become effective when fully signed by the prospective Member and accepted by Collier Family Medical, PLLC.

Signature: _____

Date: _____

Member Name: _____

Signature by: Member Parent Legal Guardian



APPENDIX 1

Collier Family Medical Periodic & Enrollment Fees

This Agreement is for ongoing primary care. This Agreement is NOT HEALTH INSURANCE and is NOT A HEALTH MAINTENANCE ORGANIZATION. The Patient may need to use the care of specialists, emergency rooms, and urgent care centers that are outside the scope of this Agreement. Each practitioner within the Practice will make an appropriate determination about the scope of primary care services offered by the Practitioner. Examples of common conditions we treat, procedures we perform, and medications we prescribe are listed on our website @ www.collierfamilymedical.com and are subject to change.

Fee Schedule

Enrollment Fee – This is charged when the Patient enrolls with the Practice and is nonrefundable. This fee is subject to change. If a patient discontinues membership and wishes to re-enroll in the practice we reserve the right to decline re-enrollment or to require that the re-enrollment fee reflect an amount equivalent to the months of absent payments when dis-enrolled from the Practice. **Your One Time Enrollment fee is \$100 for each adult membership, \$50 for each dependent, with a cap of \$200 per family. This does not include the monthly membership fee.**

Monthly Periodic Fee (billed at the end of the service period) – This fee is for ongoing primary care services. Unlimited scheduled in person visits per year are available to you at no additional cost, as well as virtual visits (e-mail, electronic, phone) and they are not capped. We prefer that you schedule visits more than 24 hours in advance when possible. Some ancillary services will be passed through at a low cost and will be discussed and agreed upon before services rendered. Examples of these ancillary services include laboratory testing, radiologic testing, and dispensed medications and these are described in Appendix B. Many services available in our office (such as EKGs) are available at no additional cost to you. Items available at no additional cost will be listed on our website and are subject to change. **The monthly periodic fee starts at \$65 per month** (due monthly on date selected at enrollment). The periodic fee will be billed on the date selected at enrollment and the patient is entitled to leave the practice at any time after the initial 3-month contract is fulfilled

After-Hours Visits

There is no guarantee of after-hours availability. This agreement is for ongoing primary care, not Emergency, urgent care or for those without an ongoing membership. Your practitioner will make reasonable efforts to see you as needed after hours if your practitioner is available, by text, email, or phone.

Acceptance of Patients

We reserve the right to accept or decline patients based upon our capability to appropriately handle the patient's primary care needs.



Appendix 2

Collier Family Medical Itemized Fees

Initial Enrollment Fee is a one-time fee of \$100 per adult member and \$50 per dependent enrolled for Services at the PRACTICE. The enrollment fee is capped for each family at \$200. The Principal shall pay the Initial Enrollment Fee to activate membership on the first day of enrollment. This Fee shall be paid using a credit/debit card entered into the electronic health record at time of enrollment. This fee is non-refundable.

Monthly Membership Fee

1. Monthly Membership Fees shall be paid by the Principal/Patient using a credit/debit card entered into the electronic health record on the date of enrollment. Monthly Membership Fees shall not be prorated in the month of termination. This fee is non-refundable.
2. Monthly Membership Fee is as follows:
 - Children 21 and under: \$20/month* with family membership
 - Full time college students (age 21-25): \$30/month* with family membership. *Prices are the same as individual adult when individual without a family membership.
 - Adults aged 26- 65: \$65/month
 - Adults aged 65 and older: \$75/month

Family Membership

A family includes all individuals residing in the same household. Typically, this includes two adults and 2-3 children. Spouses' monthly membership is discounted to \$60 per adult.

However, we realize that there are special circumstances for each household. Decisions can be made by Nurse Practitioner Amanda Collier on a case-to-case basis given each scenario.

Re-enrollment Fee: The Principal shall pay a Re-enrollment Fee of \$200.00 if the Member terminates membership with THE PRACTICE and wishes to re-enroll. The PRACTICE has the right to reject the request for reenrollment.

Ongoing Primary Care is included with the Periodic Fee described in Appendix 1. Please see a list of some of the chronic conditions we routinely treat on the Practice website and Appendix 3 (subject to change). There are minimal, if any, itemized fees for office visits unless the patient. Extra/Ancillary fees will always be discussed with the patient during the visit. In-Office Procedures we are generally comfortable performing are listed on the Practice website. These are typically available at a low additional cost unless otherwise designated, and these are also subject to change. Laboratory Studies will be drawn in the office and the Patient will be charged according to the discounted price rate. Routine labs included in the membership are complete blood count (CBC), complete metabolic panel (CMP), thyroid stimulating hormone (TSH), hemoglobin a1c (diabetic marker), Lipid panel, and prostate specific antigen (PSA), for men over 50. These labs are a part of the membership once a year. Any additional draws will be discounted, but are not included.

Medications will be ordered in the most cost-effective manner possible for the Patient. When we dispense medications in the office these medications will be made available to the patient at a discounted cost.

Examples of commonly dispensed medications and their prices (subject to change) are listed on the practice website.



Additional Fees for Amenities

Additional Fees shall be paid by the principal using a credit/debit card entered into electronic health record. Additional fees include:

Discounted laboratory/pathology fees to be disclosed to patient prior to use of service

1. LabCorp Laboratory draw fee (if applicable)
2. Discounted medications through in-house dispensary to be disclosed to patient prior to use of service.
3. Discounted radiology/imaging fees to be disclosed to patient prior to use of service
4. Some fees for discounted specialty services/fees to be disclosed prior to use of service Pathology studies (most commonly skin biopsies) will be ordered in the most economical manner possible. Anticipated prices for these studies (subject to change) are listed on the Practice website. Radiology studies will be ordered in the most cost-effective manner possible for the Patient. Commonly ordered radiologic studies and prices (subject to change) are listed on the website. Surgery and specialist consults will be ordered in the most cost-effective manner possible for the Patient. Hospital Services are NOT covered by our membership plan. However, Collier Family Medical, can coordinate care effectively to help minimize un-necessary imaging and testing. Collier Family Medical will coordinate with your hospitalist regarding timely follow up care. Pediatric Services are accepted on a case-by-case basis. Pediatric patients with complex medical management will be referred to the appropriate provider as this is out of the scope of traditional family medicine.



Collier Family Medical offers personalized primary health and wellness care to assist Patient achieve individual wellness goals. Collier Family Medical does not accept any form of health insurance and/or Medicare (“Plan”). In exchange for the fees described below, Collier Family Medical provides Patients with the following services (“Amenities”):

- Health Exams
- Office visits
- Well-Child Checks
- Convenient appointment scheduling
- Private Practice connection via text or telephone contact
- Physicals as medically directed or necessary
- Commercial Driver’s License physicals
- Basic laboratory services including CBC, complete metabolic profile, cholesterol profile, A1C (diabetes screen), TSH (thyroid testing), PSA (prostate), urinalysis, rapid strep screen, urine pregnancy test, EKG
- Essential/basic primary care services

- Additional Low Cost: Pulmonary function testing, Minor wound care/sutures, Minor skin excisions and biopsies (pathology lab fee is additional), Online electronic specialist consults.



collierfamilymedical.com