ADVANCED HEALTH
& WELLNESS

# Direct Primary Care Membership Agreement

Patient Name: _____ Date of Birth: _____

Membership Start Date: _____ Responsible Party: _____

## 1. Important Patient Disclosures

THIS MEMBERSHIP IS NOT HEALTH INSURANCE.

Advanced Health & Wellness provides only the primary care services specifically described in this agreement. Membership does not replace health insurance and does not cover hospitalization, emergency department services, specialist services, or other medical expenses outside the agreement.

The patient is financially responsible for all services not included in this agreement. Patients are encouraged to maintain appropriate health insurance coverage for expenses outside the membership.

Do not distribute until the practice has obtained and verified Oregon retainer medical practice certification and the mandatory disclosure language has been reviewed.

## 2. Purpose of Agreement

This agreement establishes a voluntary Direct Primary Care membership between Advanced Health & Wellness, LLC
("Practice") and the individual patient or responsible party ("Member"). In exchange for a recurring monthly membership fee, the Practice agrees to provide the defined primary care services listed below, subject to medical necessity, provider availability, and professional standards of care. Membership does not guarantee any particular diagnosis, treatment, prescription, or outcome.

## 3. Membership Fees

| Membership Type | Monthly Fee |
|---|---|
| **Individual Adult (18+)** | $100 |
| **Child (Under 18)** | $50 |
| **Couple (Two Adults)** | $175 |
| **Family (Two Adults and Children)** | $175 plus $50 per child |

One-Time Enrollment Fee: $100 per household. The enrollment fee is charged upon initial enrollment and is nonrefundable once onboarding is completed, except as required by law. Monthly fees are charged in advance on the designated billing date, regardless of the number of appointments used.

## 4. Services Included in Membership

The following medically appropriate primary care services are included without additional professional visit fees:

- Routine primary care visits without a preset annual visit limit; annual physicals and preventive examinations
- Evaluation and treatment of common acute illnesses and minor injuries
- Management of chronic conditions, including hypertension, diabetes, and thyroid disease
- Medication management and clinically appropriate prescription renewals
- Routine screening recommendations, telehealth visits, and portal communication during business hours
- Review of laboratory and imaging results; referral coordination; routine follow-ups
- Ear lavage, in-office EKGs, basic wound care, and suture or staple removal
- Pap smear collection (outside laboratory processing excluded)
- Basic clinically indicated injections (medication and specialized supplies excluded)

Services depend on the Practice's clinical capabilities and provider judgment. Appointments remain subject to availability.

## 5. Services Not Included

- Outside laboratory processing, diagnostic imaging, and specialist consultations
- Prescription medications, vaccines, injectable medications, and related supplies
- Emergency department, hospital, inpatient, and surgical services
- Skin biopsies, lesion removal, joint injections, and advanced office procedures
- Hormone pellets and specialty hormone treatments; compounded weight-loss medications
- Aesthetic services, including Botox, Dysport, and RF microneedling
- Specialized testing, equipment, certain administrative forms, disability evaluations, and occupational examinations
- Any service not specifically identified as included in Section 4

Excluded services may be purchased separately where available. Additional charges will be disclosed before services whenever practicable.

## 6. Appointments and Communication

The Practice will make reasonable efforts to offer timely appointments, including same-day or next-business-day appointments when available. Regular hours: Monday–Thursday, 8:00 AM–5:00 PM; closed Fridays and designated holidays. Secure patient portal messaging is available during regular business hours and is not continuously monitored. Membership does not include personal provider text messaging, unlimited phone consultations, or guaranteed 24-hour access. For emergencies, call 911 or seek emergency care.

## 7. Insurance and Third-Party Billing

This is a direct payment arrangement. The Practice will not submit claims to insurance companies, self-insured plans, or state medical assistance programs for services included under this agreement. Excluded services may be billed separately only when allowed by law and payer contracts. Enrollment is subject to eligibility review; Medicare, Medicaid, and some commercially insured patients may be ineligible or require additional arrangements. HSA/FSA eligibility is not guaranteed; members should consult their benefits or tax adviser.

## 8. Payment Authorization

The Member authorizes charges to the designated payment method for the enrollment fee, recurring dues, and separately authorized services. The Member will maintain a valid payment method. If payment is declined, the Practice will provide notice and an opportunity to resolve the balance before terminating membership. Unpaid fees remain the Member's responsibility, subject to applicable law. A separate recurring-payment authorization may be required.

## 9. Membership Duration and Cancellation

Membership starts on the agreed date and renews monthly until canceled. Members may cancel at any time by written notice through the patient portal or directly to the Practice. Cancellation is effective at the end of the paid billing period unless law or

written agreement requires otherwise. Monthly fees generally are not refunded for unused visits. If the Practice ends membership before a prepaid period expires, unused prepaid fees will be prorated and refunded, except as law otherwise requires.

The Practice may terminate for nonpayment, repeated inappropriate conduct, misuse of services, or other lawful reasons with reasonable notice and appropriate continuity-of-care arrangements. All applicable obligations concerning patient abandonment, emergency care, and records continue to apply.

## 10. Membership Fee Changes

The Practice may change fees with at least 30 days' written notice. Members may cancel before the new fee takes effect. Material service changes will be communicated in advance and documented as appropriate.

## 11. Medical Decision-Making

All medical decisions remain with the treating licensed provider. The Practice may recommend specialist or emergency care when indicated. Membership does not guarantee specific medications, controlled substances, tests, referrals, or procedures without clinical justification.

## 12. Privacy and Medical Records

The Practice maintains records and protects patient health information under applicable federal and Oregon laws. Members may request access to records under Practice policies. Record-retention duties continue after cancellation.

## 13. Acknowledgment and Consent

By signing, the Member acknowledges that the membership is not insurance; only specified services are included; excluded services may cost extra; monthly dues apply regardless of use; cancellation and refund terms are understood; appointments and emergency access are not guaranteed; and the Member had an opportunity to ask questions.

Patient / Responsible Party Signature: _____ Date: _____

Printed Name: _____

Practice Representative: _____ Date: _____