

**CLEARWATER HEALTH DPC, PLLC
CLEARWATER PACKAGE DPC
PATIENT MEMBERSHIP AGREEMENT**

Clearwater Health DPC, PLLC ("Practice") and _____, ("Patient") enter into this Clearwater Package Direct Primary Care Membership Agreement ("Membership Agreement") with the Effective Date as stated in Section 1(c) for Patient to become a member of Practice's Direct Primary Care Program. Practice and Patient are referred to herein collectively as the "Parties."

1. Membership, Program Services and Enrollment.

- a. Program Membership. Once enrolled into the Clearwater Package Direct Primary Care Program ("Program") as a member by completing all of the steps outlined in Section 1c, Patient shall be eligible to receive certain primary care medical services provided by Practice as specified in **Appendix A**, ("Program Services"), which is attached hereto and incorporated herein by reference. Practice may add or discontinue a service in **Appendix A** in its sole discretion by emailing or regular mail Patient at least thirty (30) days prior to the change.
- b. DPC not Concierge. This Agreement is for membership in Practice's Direct Primary Care ("DPC") Program and is not an agreement for membership in a concierge program. The difference between DPC and concierge is DPC provides patients with certain primary care medical services for the payment of a flat monthly fee. Concierge, on the other hand, involves patient's payment of a flat monthly fee to obtain immediate or priority access to a physician but does not cover the cost of any medical services; patient's insurance is billed for these medical services. Accordingly, while this Membership Agreement will provide after-hours access to Patient's provider via telecommunication and provide Patient with an office visit during normal business hours for acute issues, Patient will not be entitled to an immediate office visit or access to his or her provider whenever Patient so desires.
- c. Enrollment and Effective Date. Patient may enroll into the Program on any day of the month by utilizing Practice's onboarding link to submit the required personal and billing information for autopayment of fees and sign this Agreement and any other required documents. This Agreement becomes effective on the date Patient completes all of the aforementioned enrollment requirements.
- d. Location. Member shall receive Program Services at 1440 Chapel Ridge Rd., Ste 110, Apex, NC 27502 unless Patient is receiving care at his or her residence.

2. Fees.

- a. Re-enrollment Fee. In the event Patient terminates this Membership Agreement for any reason, Patient will be ineligible to re-enroll in the Program for a period of six (6) months following the effective date of termination. Notwithstanding the preceding sentence, Practice, in its sole discretion, may allow Patient who has terminated their Membership Agreement to re-enroll before the six (6) month period has passed. Any re-enrollment after termination will require Patient to pay a re-enrollment fee in the amount of two hundred dollars (\$200.00) and sign a new Membership Agreement.

- b. Monthly Membership Fee. Each Patient shall pay a Membership Fee according to the fee schedule noted in **Appendix B**.
- c. Additional Fees. Only those services described in **Appendix A** and not requiring an additional fee are included in the Membership Fee. Services described in **Appendix A**, as requiring the payment of an additional fee, will require payment to Practice at the time the services are provided.
- d. Changes to Fees. Practice may change the amount of the Re-Enrollment Fee, the Membership Fee, referenced on **Appendix B**, and the additional fees described in **Appendix A**, or any other fees associated with this Membership Agreement at any time, in its sole discretion, upon providing Patient at least thirty (30) days' advance notice by either emailing Patient or sending them notice in the mail.

3. Automatic Payment of Membership Fees.

- a. Autopayment Information and Changes. During the enrollment process discussed in Section 1.c., Patient will input their debit/credit card or ACH bank account information so that membership fee payments may be made automatically. Patient may change or update payment information by accessing his or her account using Practice's online, onboarding and billing platform, which can be accessed at this web address:
<https://clearwaterhealthdpc.hint.com/login/request>
- b. Authorization. By inputting this information or by changing/updating debit/credit card/bank account information during the term of this Agreement, Patient is providing Practice with authorization to have its online, onboarding and billing platform initiate Membership Fee recurring charges every month. This authorization will remain in full force until this Agreement is terminated in accordance with Section 14 and until Practice and Patient's debit/credit card institution has a reasonable time to act on it.
- c. Appearance for Recurring Auto Payments. The Membership Fee auto charge or debit will appear on card holder or patient/authorized signor's bank statements as Clearwater Health, or a variation of this name.
- d. Timing of Auto Payments. Payment for the first month of services will be due upon enrollment. Thereafter, autopayments will be processed every thirty days from the date of Patient's enrollment as discussed in Section 1c.
- e. Auto Payment Failure/Late Fees. In the event an auto payment fails for any reason, Patient will receive an email with a link to update the credit card/bank account information. If this information is not updated within 14 days from when the payment was due, Practice will contact Patient to obtain updated credit card/bank account information and collect a late payment fee of twenty-five dollars (\$25.00).

4. No Insurance Claims.

Practice will not bill any insurance carriers or health care plan to which Patient may be a subscriber or beneficiary for the Membership Fee or any additional fees associated with Membership and the Program Services. Patient is solely responsible for payment for all Services Patient receives from Practice regardless of whether such Services are reimbursable or payable by Patient's insurance carrier. Any amounts due for additional fees that are not included in the Membership Fee will be paid by Patient at the time the services are rendered.

- 5. No Government Healthcare Beneficiaries.** Patient understands that Membership in the Program is not available at this time to beneficiaries of any government healthcare program, including but not limited to, under Medicare, Medicaid, TRICARE/CHAMPUS, CHAMPVA, or the Indian Health Services. Accordingly, Patient agrees not to enroll in the Program if he or she is a beneficiary of any of the government healthcare programs previously mentioned and further agrees to immediately notify Practice in the event Patient becomes a beneficiary of any government healthcare program.
- 6. No Government Healthcare Billing or Reimbursement.** Patient understands that the Program Services are not, by law, reimbursable under any governmental healthcare program including, but not limited to Medicare, Medicaid, TRICARE/CHAMPUS, CHAMPVA, or the Indian Health Services. This means that Practice cannot bill any of these government healthcare programs on Patient's behalf, nor can Patient make any attempt to collect reimbursement from any of these programs.
- 7. Tax-Advantaged Medical Savings Accounts.** Patient may have a tax-advantaged savings account, including, but not limited to, a health savings account, medical saving account, flexible spending arrangement, health reimbursement arrangement, or other similar health plan (collectively, "Tax-Advantaged Savings Accounts"). Because every Tax-Advantaged Savings Account is unique, Patient is advised to consult with their accountant regarding whether any of the fees incurred pursuant to this Membership Agreement may be paid using funds contained in a Tax-Advantaged Savings Account.
- 8. Other Insurance; High Deductibles.** Some services provided herein may be a covered benefit or covered service, at no cost to Patient, under Patient's health benefit plan. Further, third-party payers may not count the Membership Fees incurred pursuant to this Membership Agreement or the fees associated with additional services that are not included in the Membership Fee toward any deductible. Patient should consult with their health benefits adviser regarding whether Membership Fees may be counted toward Patient's deductible.
- 9. No Emergency Care.** Practice is not an emergency room, and accordingly, does not have the ability to treat Patient during a medical emergency. If Patient is experiencing a medical emergency, Patient should contact 911 or go to the nearest emergency room to seek immediate treatment.
- 10. Virtual Visits.** Virtual visits are included in the Membership Fee but are at the sole discretion of Practice as there are times when a virtual visit is not suitable given the situation, which will require Patient to schedule an in-person appointment for treatment.
- 11. First Visit and Preventive Visits.** While the Program Services include virtual visits, adult Patient's enrollment requires that Patient schedule an appointment to be seen in person by Practice within 6 months of enrollment, sooner if medication refills are needed or Patient has a chronic condition that warrants sooner appointment. In addition, Patient agrees to physically visit Practice or schedule a house call for an initial comprehensive wellness visit, which will be scheduled approximately 12 months from Patient's most recent physical exam outside of this Practice. Thereafter, Patient agrees to physically visit Practice for subsequent comprehensive wellness visits in accordance with the recommendations based on age (every 12-18 months if 18-39 years of age; every 12 months if 40 years of age and older). Patients under the age of 18, will be seen in person by Practice for initial visit after enrollment if medication refills are needed, Patient has a chronic condition that warrants a visit, or when

the first of the scheduled well child checks are due based on Patient's age and timing of previous well child check outside of the Practice.

12. HIPAA and Communications. Practice shall comply with the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") requirements including the privacy regulations, security standards and the standards for electronic transactions. Patient's participation in the Program and execution of this Agreement will provide Patient with the ability to communicate with the Practice through the use of an encrypted portal. If Patient would like for Practice to communicate with Patient outside of this encrypted portal, such as by regular e-mail, texting and cell phone, Patient will be required to execute the Consent to Unencrypted Email and SMS Messaging of PHI. This will authorize Practice and its staff to communicate with Patient by e-mail and cell phone regarding Patient's "protected health information" (PHI). E-mail is not an appropriate means of communication in an emergency for dealing with time-sensitive issues. In an emergency, or a situation in which could reasonably be expected to develop into an emergency, Patient understands and agrees to call 911 or go to the nearest hospital as opposed to emailing Practice or leaving a cell phone message.

13. Term. This Agreement shall become effective on the date discussed in Section 1(c) above and shall continue for twelve successive months (the "Term") and automatically renew for additional one-year periods ("Successive Term(s)") unless otherwise terminated in accordance with Section 14 herein.

14. Termination.

- a. Termination by Patient. Patient may terminate this Membership Agreement but is required to do so by completing the Written Notice of Membership Termination Form ("Term Form") which is available by contacting Practice. This Form may be submitted to Practice either in person or by email to: connect@clearwaterhealthdpc.com.
- b. Term Form Timing Requirements. All Term Forms must be received by Practice no later than thirty (30) days prior to Patient's next credit/debit auto-processing date. Patient shall be responsible for verifying with Practice that his or her Term Form was received by Practice 30 days in advance of Patient's next auto billing date. Term Forms submitted within the 30-day billing cycle will result in a final Membership Fee auto payment, enabling Patient to utilize the Program Services for another 30 days. No refund will be issued once an auto payment is made.
- c. Termination by Practice. Practice may terminate this Agreement if Patient: a) fails to pay his or her Membership fees; b) performed an act of fraud; c) repeatedly fails to adhere to the recommended treatment plan; d) violates Practice's Code of Conduct or is abusive and presents an emotional or physical danger to the staff or other patients of the Practice; e) has healthcare needs that exceed the care that can be provided under the Program; f) Practice discontinues the Membership Program; or g) Practice determines Patient is not a good fit for the Program.

15. Not Insurance/Required Disclosure. ***This Membership Agreement for Program Services is NOT A CONTRACT FOR HEALTH INSURANCE, is not an insurance plan, and is not a substitute for health insurance or other health plan coverage.*** It will only cover the services as described in Appendix A. Patient should obtain or keep such health insurance policy(s) or plans that will cover Patient for general healthcare costs.

- 16. Code of Conduct.** In order for Practice to provide a safe and healthy environment for staff, patients and their families, Practice expects Patient and accompanying family members or friends to refrain from unacceptable behaviors that are disruptive or pose a threat to the rights or safety of other patients or staff. Accordingly, as a condition of membership in the Program, Patient agrees to execute a copy of the Practice's Code of Conduct as part of the onboarding process. Any violation of this Code of Conduct by Patient or their accompanying family members or friends will result in Patient's immediate termination from the Membership Program.
- 17. Indemnification.** Patient agrees to indemnify and to hold Practice and its members, officers, directors, agents, and employees harmless from and against all demands, claims, actions or causes of action, assessments, losses, damages, liabilities, costs, and expenses, including interest, penalties, attorney fees, etc. which are imposed upon or incurred by Practice as a result of Patient's breach of any of Patient's obligations under this Membership Agreement.
- 18. Technical Failure.** Neither Practice nor any Provider will be liable for any loss, injury, or expense arising from a disruption or delay in responding to Patient when the disruption or delay is caused by technical failure. Examples of technical failures include: (i) failures caused by an internet or cell phone service provider; (ii) power outages; (iii) failure of electronic messaging software, or any e-mail provider; (iv) failure of Practice's computers or computer network, or faulty telephone or cable data transmission; or (iv) any interception of e-mail communications by a third party which is unauthorized by Practice.
- 19. Entire Agreement.** This Membership Agreement constitutes the entire understanding between the Parties hereto relating to the matters herein and shall not be modified or amended except in a writing signed by both Parties hereto.
- 20. Waiver.** The waiver by either Practice or Patient of a breach of any provisions of this Membership Agreement must be in writing and signed by the waiving party to be effective and shall not operate or be construed as a waiver of any subsequent breach by either Practice or Patient.
- 21. Change of Law.** If there is a change of any law, regulation or rule, federal, state or local, which affects this Membership Agreement, any terms or conditions incorporated by reference in this Membership Agreement, the activities of Practice under this Membership Agreement, or any change in the judicial or administrative interpretation of any such law, regulation or rule, and Practice reasonably believes in good faith that the change will have a substantial adverse effect on Practice's rights, obligations or operations associated with this Membership Agreement (a "Legal Change"), then Practice may, upon written notice, require Patient to enter into good faith negotiations to renegotiate the terms of this Membership Agreement. If the parties are unable to reach an agreement concerning the modification of this Membership Agreement within ten (10) days after the effective date of the Legal Change, then Practice may immediately terminate this Membership Agreement upon providing written notice to Patient.
- 22. Dispute Resolution/Governing Law/Jury Waiver.** Any dispute regarding this Agreement shall be resolved first by mediation conducted in accordance with the Commercial Arbitration Rules and Mediation Procedures of the American Arbitration Association ("AAA"). Each Party shall bear its own costs of mediation and one-half of the mediator's and/or AAA's fees. If the dispute is not resolved by mediation, the matter shall be settled by final and binding arbitration before a single arbitrator in accordance with the rules of the applicable dispute resolution

organization. Any award by an arbitrator shall not include punitive or exemplary damages. This Agreement and the rights and obligations of Practice and Patient hereunder shall be construed and enforced pursuant to the laws of the State of North Carolina. Patient irrevocable submits to the exclusive jurisdiction of the state and county courts located in Harnet County and agrees that all proceedings may be brought in such courts. **EACH PARTY TO THIS AGREEMENT ACKNOWLEDGES AND AGREES THAT ANY CONTROVERSY WHICH MAY ARISE UNDER THIS AGREEMENT IS LIKELY TO INVOLVE COMPLICATED AND DIFFICULT ISSUES, AND THEREFORE, EACH PARTY HEREBY IRREVOCABLY AND UNCONDITIONALLY WAIVES ANY RIGHT TO A TRIAL BY JURY IN RESPECT OF ANY LITIGATION DIRECTLY OR INDIRECTLY ARISING OUT OF OR RELATING TO THIS AGREEMENT AND ANY OF THE AGREEMENTS DELIVERED WITH THIS AGREEMENT OR THE TRANSACTIONS CONTEMPLATED HEREBY OR THEREBY.**

23. Appendices and Documents. The Appendices referenced in this Agreement, together with all the documents referenced herein, form an integral part of this Agreement, and are incorporated into this agreement wherever reference is made to them to the same extent as if they are set out in full at the point at which such reference is made.

24. Assignment. This Membership Agreement shall be binding upon and shall inure to the benefit of the Practice and its respective successors and legal representatives. Neither this Membership Agreement, nor any rights hereunder, may be assigned by Patient without the written consent of Practice.

IN WITNESS WHEREOF, the Parties have caused this Membership Agreement to be effective in accordance with Section 1(c) herein.

PATIENT SIGNATURE:

If Patient is a minor, then name and signature of patient's parent or legal guardian

Name of Patient's Parent or Legal Guardian

Signature

Date

Appendix A
MONTHLY MEMBERSHIP
PROGRAM SERVICES

Appointments. All appointments will be at the discretion and scheduling of Practice. Practice does not provide walk-in urgent care services. Practice strives to see Patients in a timely manner during normal business hours, which are: Monday through Friday from 9:00 am to 5:00 pm. For acute issues, Patient is expected to call Practice, which will make every effort to see Patient the same or next business day, depending on medical need.

After-hour Communications. Outside of normal business hours, Patients may call or message their provider every day including holidays and weekends for urgent/acute clinical concerns that cannot wait until the next business day. Practice will make every effort to address Patient's medical needs in a timely manner, but Practice cannot guarantee provider's availability, and cannot guarantee that Patient will not need to seek treatment in an urgent care or emergency department setting. Appointment requests, prescription refills, billing/membership issues and routine health care concerns or questions will not be addressed outside of normal business hours. Routine or continued disregard of this policy may result in termination of Patient's membership in the Practice.

Emergency Care. In an emergent situation, or anything that could possibly be perceived as an emergent situation, Patients should proceed to the nearest emergency room or call 911.

Alternative Provider. In the event Patient's provider is on vacation or is unavailable either in person or via telecommunications, Practice will notify Patient at least two weeks in advance so that Patient may make an appointment prior to provider's unavailability. In the event Patient has an acute issue that needs to be addressed during provider's unavailability, Patient should visit an urgent care center or the emergency room.

DOT/FMCSA; Workers' Comp; Disability Determinations. The DPC Program does not include Federal Motor Carrier Safety Administration ("FMCSA"/"DOT") physicals, workers' compensation physicals, disability determinations for insurance, social security, or ADA purposes.

Family Planning. Practice will provide advice and consult on family planning issues. For Patients who choose to use IUDs and Nexplanon devices, Practice will provide Patient with a prescription to obtain the IUD or Nexplanon device at Patient's own cost. Once obtained, Patient can then schedule an appointment for placement. Patients with insurance will need to inquire of their insurance company to see if their benefits include Nexplanon or IUDs.

House Calls. House calls are at the Provider's sole discretion and must be scheduled at least one-day in advance and are subject to Provider's availability. There is no additional fee while Practice is waiting for its physical location to open. Once opened, home visits are \$100.00 each if Patient resides within 15 miles from Practice's location. If greater than 15 miles, each additional mile is \$8.

Vaccinations. While the practice will advise Patients whether certain vaccines are necessary and should be obtained by Patient, the administration of vaccinations are not offered by the Practice at this time. The Practice will make every effort to assist Patient in obtaining medically necessary vaccinations. Wake County Health Department provides vaccinations and Practice will advise Patients as to how to contact the Wake County Health Department.

Labs. Practice has negotiated discounted prices for certain labs. Patients may decide to have these labs drawn by Practice or go to an outside facility. The cost of labs drawn at Practice will be reviewed with Patient and are due at time of service. Outside laboratory testing services are likewise not included in the membership fee. Patient will pay the lab facility directly for these draws, which may be covered by Patient's insurance.

Medications. Medications dispensed in the office are not included in the membership fee and the cost will be due at the time they are dispensed. Patient's membership in the Practice does NOT guarantee medications will be prescribed or that certain medications will be provided to Patient; Practice's provider(s) will do what is medically appropriate for the Patient in determining whether to prescribe medications. Practice does not routinely prescribe ongoing/chronic opiates or benzodiazepines.

Durable Medical Equipment (DME). DME is equipment utilized in a Patient's treatment, such as crutches, splints, boots, etc. Practice will advise Patient as to what DME is required and how to obtain the DME. If DME is provided to Patient by the Practice, the cost is not included in the membership fee, and will be due at the time the DME is provided.

Pathology. Pathology examinations of tissue samples collected from procedures are not included in the membership fee and will be ordered in an economical manner. Practice has negotiated significantly discounted prices for pathology services (often one-third of the insurance price). If Patient decides to pay this negotiated price to Practice for the outside pathology services, payment is due at the time the tissue sample is taken. In the event additional tests are required besides those for which Patient agreed to pay, Practice will contact Patient to collect the costs for the additional tests being performed. While insurance may cover the cost of pathology, Practice cannot make any prediction as to the out-of-pocket costs that Patient may be required to cover. Accordingly, in the event Patient decides to not opt for the discounted cash pricing and have his or her insurance billed, Patient cannot later decide to be charged the discounted cash price.

Imaging and Testing

Outside imaging services (for example, Xray's, MRI, CT Scans, Ultrasounds) and outside testing (for example, cardiac, pulmonary, GI studies) are not included in the membership fee and will be ordered in an economical manner.

Referrals

Practice's provider will make recommendations for outside referrals as is medically necessary. Practice will make every effort to work with Patient to choose the most appropriate service provider based on skill, geographical location, and Patient's insurance preferences.

Fees and Services

Practice evaluates and provides treatment for, but not limited to, the following acute and chronic conditions. Preventive services, including annual exams and screening are covered by the membership fee. If there is any additional fee to be paid, the payment is due at the time the medical services are rendered.

TYPE	DESCRIPTION	ADDITIONAL FEE
WELLNESS/ PHYSICAL EXAMS	Preventive adult exams, Well Child Exams, sports, camp, and school physicals.	\$0

	Does not include DOT (Department of Transportation) physicals.	
ACUTE CONDITIONS	Evaluation and basic management of abscesses/cysts, abdominal pain, acid reflux, allergic reactions, ankle injuries, asthma attacks, back strains, bronchitis, bedbugs, bee stings, blood clots in the legs, blood in stool or urine, breast pain/discharge/mass, simple broken bones, bug bites, simple burns, carpal tunnel, chest pain, cold sores, constipation, COPD exacerbations, COVID, cuts, diarrhea, dizziness, ear infections, ear wax, erectile dysfunction, eyelid infections, foreign bodies in skin or eye, genital concerns, gout, headaches, hemorrhoids, influenza, ingrown toenails, intertrigo, jock itch, kidney problems, kidney stones, knee injuries, lice, Lyme, migraines, mono, nausea and vomiting, nosebleed, pelvic pain, pink eye, plantar fasciitis, pneumonia, rashes, rectal bleeding, ringworm, scabies, seasonal allergies, sexually transmitted diseases, shingles, shoulder injuries, sinus infections, skin infections, sports injuries, sprains and strains, strep throat, testicular pain/mass, tonsillitis, tooth infections, upper respiratory tract infections, urinary tract infections, vaginal discharge, vaginal yeast/bacterial infections, vaginal pain, vertigo	Additional cost may be necessary depending on further testing, referrals, or treatments that are needed
CHRONIC CONDITIONS (NON-DERMATOLOGIC)	Evaluation and basic management of ADHD, allergies, angina, anxiety, asthma, atrial fibrillation, autoimmune conditions, bipolar disorder, cognitive impairment/dementia, chronic constipation, COPD, depression, chronic diarrhea, dysmenorrhea, diabetes, enlarged prostate, gastroesophageal reflux disease (GERD), gastritis/esophagitis, chronic headaches/migraines, heart disease, heart failure, high blood pressure, high cholesterol, incontinence, irritable bowel syndrome, inflammatory bowel disease, chronic kidney disease, leaky gut, leg swelling, chronic liver disease, malabsorption issues, menstrual problems, menopausal symptoms, mood instability, neurological diseases, osteoarthritis, osteopenia, osteoporosis, palpitations, parathyroid disease, Parkinson's Disease, , PCOS, rheumatoid arthritis, rosacea, SIBO, stroke, thyroid disease, tinnitus, tremor, vertigo	Additional cost may be necessary depending on further testing, referrals, or treatments that are needed

DERMATOLOGIC CONDITIONS	Evaluation and basic management of abscesses, psoriasis, cysts, acne, athlete's foot, atypical moles/lesions, basal cell carcinomas, burns, dandruff, eczema, excessive sweating, hives, hidradenitis suppurativa, ingrown toenails, intertrigo, jock itch, lipomas, melanomas, paronychia, pigmentation changes, skin precancers, psoriasis, rashes/eruptions, ringworm, rosacea, seborrheic dermatitis, seborrheic keratoses, skin tags, squamous cell carcinomas, unwanted hair growth, warts	Additional cost may be necessary depending on further testing, referrals, or treatments that are needed.
	Full skin check - annual	Yes, cost of supplies
	Abscess draining	Yes, cost of supplies
	Skin shave/punch and biopsies	Yes, cost of supplies
	Limited skin check – for specific concern	Additional cost may be necessary depending on further testing, referrals, or treatments that are needed.
COUNSELING	End-of-life planning Exercise Mental health Nutrition Smoking cessation Weight management	Additional cost may be necessary depending on further testing, referrals, or treatments that are needed
	Colorectal cancer screening counseling and coordination	\$0 for the counseling and coordination, but screening tests from an outside facility will include additional costs
	Lung cancer screening counseling and coordination	\$0 for the counseling and coordination, but screening tests from an outside facility will include additional costs
	Osteoporosis screening counseling and coordination	\$0 for the counseling and coordination, but screening tests from an outside facility will include additional costs

	Breast cancer screening counseling and coordination	\$0 for the counseling and coordination, but screening tests from an outside facility will require additional costs
	Breast exams – annual screening	\$0
	Cervical cancer screening/pap smears	\$0 for procedure Fee for outside pathology
	Prostate cancer screening counseling and coordination	\$0 for the counseling and coordination, but screening tests from an outside facility will require additional cost
VACCINATIONS	See vaccinations Above	
PROCEDURES	Ingrown nail removal	Yes, cost of supplies
	Musculoskeletal injections including but not including but not limited to trigger finger, keloids, trochanteric bursitis, knee pain, sacroiliac joint pain, and should pain.	Yes, cost of supplies
	Removal of foreign objects from ears, nose	Yes, cost of supplies
	Laceration Repair (Stitches)	Yes, cost of supplies
	Closed nondisplaced fracture stabilization and splinting (may be times when outside referral to orthopedist may be necessary)	Yes, outside imaging fee and cost for cast and/or DME
	Blood Glucose Finger Stick	Yes, cost of supplies
	Urine Pregnancy Test	Yes, cost of supplies
	Rapid Strep	Yes, cost of supplies
	Blood Draws	Yes, cost of supplies Additional fee for test(s) determined by Practice's negotiated discounted price with Lab

OUTSIDE LABS	All labs not performed in-office	Fee determined by outside lab
VACCINATIONS	See Vaccination section above	
HOME VISITS	See Home Visits Above	See Home visits above

Appendix B
MEMBERSHIP FEE

The Membership Fee shall be as follows:

Each Patient	\$99.00/month or \$1,188/year
Family (4+ family members in same household) (must enroll at same time and stay enrolled)	\$399/month or \$4,788/year