## FREEMAN **VIP** CLINIC MEMBERSHIP AGREEMENT

## Amended agreement dated 1/1/2023

Since July 1st 2012, The Freeman VIP Clinic has been an exclusive VIP membership only clinic.

The Agreement will be: all patients / members will have to pay membership fees to have access to the clinic and the doctor's personal cell phone and e-mail address.

All patients will be required to pay \$300 for three months access to the clinic, you do not have to pay if you are not seen in the clinic, for example, if you are seen in the clinic two times a year and the visits are more than 3 months apart, you will pay \$300 two times only for the year. If you are seen four times within three month, then you pay only \$300 once. The maximum VIP fees you can expect to pay for the year is \$1200 if you are seen every month of the year.

- I. Membership Fee: Each patient/member will pay access fee of \$300 when seen, subjected to change annually on January.
- **2.** The Usual and Customary Medical Care Services are excluded from VIP Membership Fee: The VIP Fee specified herein covers only the defined services (access to the doctor's personal cell phone and e-mail). We will not seek reimbursement from any insurer or other third-party payer for the VIP service fee.
- **3.** Co-Payments: The VIP Fee **does not affect the co-payments**, co-insurance or deductibles that you are required to pay pursuant to the terms of your insurance coverage. You will continue to be financially responsible for any co-payments, co-insurance or deductible amounts required by your insurer.
- **4. E-mail Communications**: Unless you use a secure patient portal, traditional e-mail is not a secure way for sending or receiving potentially sensitive personal health information. You also acknowledge and understand that e-mail in any form is **not** a good way for urgent or time-sensitive communications. In the event a communication is time-sensitive, you must communicate with Dr. Freeman/the clinic by telephone or in person. You acknowledge and understand that, at the clinic's discretion, your e-mail may become part of your medical record.
- **5.** The undersigned **agrees** to the terms of this Agreement, all of which are expressed herein. There are no promises or representations except as set forth herein. We do provide conveniences, such as same-day or next-day appointments which are unhurried visits.
- **6.** The following patients will be **excluded from any VIP fees:** patients of companies that have private agreements with Freeman VIP Clinic .Currently, all First Health Network patients. This exclusion list is subjected to change at any time.
- **7.** For **high value procedures** (like Vasectomy or IV fluid administration) members will be required to pay **\$1,200** in advance. Such charges will be discussed with patient prior to receiving the services, expect NO surprise charges.

Dr. Freeman has the right to waive part or all of the agreement fees.

Please remember that insurance is considered a method of reimbursing the patient for fees paid to the physician, but it is usually not designed to pay the entire fee. Because insurance companies vary in the amount they will pay for various services, it is ultimately your responsibility to pay the portion of the bill not paid by your insurance company (unless otherwise restricted by law or agreement we might have made with insurer.)

I authorize release of medical or other information to the Social Security Administration and Centers for Medicare and Medicaid Services, its intermediaries, carrier or any other commercial insurance company. I permit a copy of this authorization to be used in place of the original. I request payment of medical insurance benefits either to me or to the party who accepts assignment (a secondary insurance). I grant permission to view my prescription history from external sources. I acknowledge that I have received or been offered a copy of the office's notice of privacy practices. A copy of privacy practices is displayed in the main lobby and in our website, www.FreemanVIP.com.

Signature of patient or legally authorized individual	Date