

DIRECT PRIMARY CARE MEMBERSHIP AGREEMENT



Lifeline
Family Health & Wellness

Effective Date : _____

PERSONAL INFORMATION:

Patient 1: : _____

Patient 2: : _____

Patient 3: : _____

Patient 4: : _____

Address, City, Zip Code : _____

Phone Number : _____ E-Mail : _____

Mailing Address : _____
(if different from above)

SERVICES:

Lifeline Family Health & Wellness, PLLC ("Lifeline") offers participating patients the opportunity to receive certain amenities and features, as described below. This Lifeline-Patient Agreement ("Agreement") describes the terms and conditions under which Lifeline shall deliver such amenities to the undersigned patient ("Patient") receiving Lifeline Amenities. (Lifeline and Patient are each individually referred to as "Party", or collectively as "Parties").

Lifeline offers personalized primary health and wellness care to assist the Patient to achieve individual wellness goals. In exchange for the fees described, Lifeline provides Patients with the following services ("Amenities"):

- Health Exams
- Priority same-day appointments
- Office visits
- Telehealth/Telemedicine visits
- Home visits
- Well-Child Checks
- Convenient appointment scheduling
- Connection via text, Spruce, or telephone contact
- Physicals as medically directed or necessary
- Basic laboratory services include (with physical once per year):
CBC, complete metabolic profile, cholesterol profile, A1C (diabetes screen), TSH (thyroid testing), PSA (prostate), urinalysis, rapid strep screen, influenza, COVID antigen, urine pregnancy test, PAP (pathology fee is additional)
- EKG
- Pulmonary function testing
- Minor wound care/sutures
- Minor skin excisions and biopsies (pathology lab fee is additional)
- Essential/basic primary care services

Initials: _____

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SERVICES AVAILABLE FOR ADDITIONAL FEES:

Labs not included in the Amenities (for physical or otherwise) are available at a discounted cost.

Expansive primary care beyond essential or basic primary care (more than two (2) office visits per month) may trigger additional fees or expenses, in addition to Lifeline's usual and customary fees for more significant levels of office visits.

Additional services such as IV hydration, hormone replacement therapy, and weight management are not included in the amenities provided in exchange for the monthly fee, however, members will benefit from a 15% discount.

SERVICES NOT PART OF THE AMENITIES:

Hospitalizations or hospital care, X-rays, emergency room visits, prenatal or obstetrical care, surgery, specialist office visits, cosmetic services, and pediatric vaccinations are not part of the Amenities. Vaccinations may require additional fees. Amenities are covered by the Lifeline DPC Membership Fee, discussed below. Patient must never submit a request for reimbursement for Lifeline DPC Membership Fee to Medicare or other insurance. S. Latrice Totsch participates with insurance and is legally obligated to file with insurances she is credentialed with. If Patient is Medicare-eligible, patient is entitled to receive medical services covered by Medicare from a Medicare-participating provider but is voluntarily electing to contract with Lifeline for the Amenities and essential primary care. If the Patient is covered by commercial insurance in which the provider is credentialed, then they cannot participate in the membership option.

LIFELINE DPC MEMBERSHIP IS NOT AN INSURANCE PLAN:

Lifeline Direct Primary Care Membership is not an insurance company or plan and does not promise unlimited care in exchange for fees as defined below.

LIFELINE DPC MEMBERSHIP FEE:

The monthly fee for each month you participate in the Lifeline DPC membership is payable on the calendar day of your registration, is as follows:

- **Patients aged 2 to 18 years: \$50 per month**
 1. Two visits per month
 2. Priority after-hours access (no fee)
 3. 30-minute appointments
 4. Two home visits per year
- **Patients aged 19-64: \$99 per month**
 1. Two visits per month
 2. Priority after-hours access (no fee)
 3. 30-minute appointments
 4. Two home visits per year
- **Patients aged 65+: \$125 per month**
 1. Two visits per month
 2. Priority after-hours access (no fee)
 3. 30-60 minute appointments
 4. Three home visits per year
- **Family (2+ members): 15% discount**

Lifeline reserves the right to adjust the fees annually with advanced notice to Patient.

One-time registration fee: \$50.00

3 month minimum required.

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LIFELINE DPC MEMBERSHIP TERMINATION:

Lifeline requires that all participating Patients keep a credit, debit card, or direct debit information on file. Lifeline will automatically charge Patients membership fee amount each month, or annually in advance, if Patient prefers.

Payment of the Lifeline DPC Membership Fee indicated above shall be charged monthly to the credit or debit card, or bank account, on the day chosen by the Patient at the time of enrollment.

Patient authorizes Lifeline to charge an Lifeline DPC Membership Fee(s) to Patient's credit or debit card or bank account, until such authorization is revoked by Patient or this Agreement is terminated. Absent contrary instructions, Patient authorizes Lifeline to use Patient's credit/debit card, or bank account for the payment of any additional fees for professional services.

LIFELINE DPC MEMBERSHIP FEE PAYMENT OPTIONS:

Lifeline requires that all participating Patients keep a credit, debit card, or direct debit information on file. Lifeline will automatically charge Patients membership fee amount each month, or annually in advance, if Patient prefers.

Payment of the Lifeline DPC Membership Fee indicated above shall be charged monthly to the credit or debit card, or bank account, on the day chosen by the Patient at the time of enrollment.

Patient authorizes Lifeline to charge any DPC Membership Fee(s) to Patient's credit or debit card or bank account, until such authorization is revoked by Patient or this Agreement is terminated. Absent contrary instructions, Patient authorizes Lifeline to use Patient's credit/debit card, or bank account for the payment of any additional fees for professional services.

Patient will never submit any Lifeline DPC Membership Fee(s) or any other fees or statements from Lifeline to Medicare or in-network commercial insurance plans for payment or reimbursement.

PATIENT ACKNOWLEDGEMENTS:

Patient, or Patient's legal representative, acknowledges that patient is not currently in an emergency or urgent health care situation and is not seeking urgent or emergency care currently. Initials _____, _____

Patient, or Patient's legal representative, accepts full responsibility or payment of Lifeline's charges for all services furnished by Lifeline. Initials _____, _____

Patient, or Patient's legal representative, agrees not to submit a claim to insurance or to ask Lifeline to submit a claim to insurance for any of Lifeline's services. Initials _____, _____

Patient, or Patient's legal representative, understands that insurance payment will not be made for any items or services furnished by Lifeline that would have otherwise been covered by insurance if there was no private contract and a proper insurance claim had been submitted. Initials _____, _____

Patient, or Patient's legal representative, acknowledges that a copy of this agreement has been made available to Patient. Initials _____, _____

Initials: _____

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TERM, LATE FEES, AND TERMINATION:

The term of this Agreement is from the date of signing and payment of the registration fee, which is later, until it is cancelled by the patient, or the practice as set forth below. Failure to pay the monthly fee by the 15th calendar day will result in a \$10 late fee. Three late payments may result in the termination of membership.

The Practice is permitted to terminate the Agreement for any reason with 30 days written notice. You may terminate this Agreement at any time for any reason. A 30-day written notice must be provided to the Practice. One the effective date of the termination, 30 days after written notice is provided, you will be charged a prorated amount for the period in which you have access to the practice services. Records can be faxed to your new provider with written permission at no additional charge within 30 days.

If Patient subscribes to Lifeline's DPC Membership Amenities after termination and Lifeline accepts Patient, Patient shall pay a \$150 reinstatement fee. Acceptance back into the membership is at the discretion of the Lifeline.

Participation in Lifeline's DPC Membership is limited to a select number of participants in order to preserve and retain the personal private character of health care services provided, and Lifeline retains sole rights regarding Patient participation and services, and Lifeline reserve the right to decline to renew any annual enrollment.

ADDITIONAL PATIENT ENROLLMENT TERMS:

Patient's participation with Lifeline's DPC Membership is complete once Patient signs this Agreement and Lifeline receives Patient's initial registration fee payment.

This Agreement replaces and supersedes all prior agreements between the Parties. This Agreement may not be modified absent a writing signed by Patient and Lifeline's authorized representative. If any term of this Agreement is deemed invalid or in violation of any law or policy, the remaining terms of this Agreement shall remain in full force and effect.

Each participating Patient over the age of 18 is required to sign below.

Lifeline Family Health &
Wellness, a Texas professional
limited liability company:

Signature: _____

S. Latrice Totsch, DNP, APRN, FNP-C

Patient(s)/Responsible Party:

Patient 1: Print Name

Patient 1: Signature

Patient 2: Print Name

Patient 2: Signature

Patient 3: Print Name

Patient 3: Signature

Patient 4: Print Name

Patient 4: Signature

S. Latrice Totsch is honored to be your provider and looks forward to being your healthcare adviser, advocate, and coach. THANK YOU.