

**ENLIGHTENED FAMILY MEDICINE, LLC  
DIRECT PRIMARY CARE  
PATIENT MEMBERSHIP AGREEMENT**

Enlightened Family Medicine, LLC (“Practice”) and \_\_\_\_\_, (“Patient”) enter into this 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 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 (“Program Services”) provided by Practice as specified in **Appendix A**, 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-hour access to Patient’s provider via telecommunications 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 311 N. Davis Hwy, Pensacola, Florida 32501

**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 non-refundable re-enrollment fee in the amount of one hundred dollars (\$100.00) and sign a new Membership Agreement.
- b. Monthly Membership Fee. In addition to the Registration Fee, each Patient shall pay a Monthly Membership Fee (“MMF”) 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 MMF. Services described in **Appendix A** as requiring the payment of an additional fee will require payment to the Practice at the time the services are provided.
- d. Changes to Fees. Practice may change the amount of the Registration Fee, the MMF, 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 information so that MMF 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: \_\_\_\_\_.
- b. Authorization. By inputting this information or by changing/updating debit/credit card information during the term of this Agreement, Patient is providing Practice with authorization to have its online, onboarding and billing platform initiate MMF 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 MMF auto charge or debit will appear on card holder or patient/authorized signor's bank statements as Enlightened, 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 into the Program.
- 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 fifty dollars (\$50.00).

**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 MMF 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 MMF 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, Medicare, Medicaid, TRICARE/CHAMPVA, CHAMPUS, or the Indian Health Service. 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. Practice will notify Patient in the event that Practice changes this policy.

- 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/CHAMPVA, CHAMPUS, or the Indian Health Service. 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 MMF toward any deductible Patient may have under a high deductible health plan. Patient should consult with their health benefits adviser regarding whether Membership Fees may be counted toward Patient's deductible under a high deductible health plan.
- 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 MMF 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 Annual Wellness Visit.** While the Program Services include virtual visits, Patient's enrollment requires that patients schedule an appointment to be seen in person by Practice for an initial assessment/establish care visit within thirty days of enrollment in the Program. Thereafter, Patient agrees to physically visit Practice for an annual wellness visit at least once per year following the anniversary of the Effective Date.
- 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 on a month-to-month basis until terminated in accordance with Section 14.

**14. Termination.**

- a. Termination by Patient. Patient may terminate this Membership Agreement 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: [info@enlightenedfamilymedicine.com](mailto:info@enlightenedfamilymedicine.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 MMF 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; or f) the Practice discontinues the Membership Program. In the event Practice terminates Patient's membership, Practice shall refund Patient's MMF on a per diem basis.

**15. 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.

**16. 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.

**17. 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.

18. **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.
19. **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.
20. **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.
21. **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 Florida. Patient irrevocable submits to the exclusive jurisdiction of the state and county courts located in Santa Rosa 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.**
22. **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.

**23. 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.

**24. Required Disclosure. Per F.C. §624.27(h). This agreement is not a contract for health insurance and the health care provider will not file any claims against the patient's health insurance policy or plan for reimbursement of any health care services covered by the agreement. This agreement does not qualify as minimum essential coverage to satisfy the individual shared responsibility provision of the Patient Protection and Affordable Care Act, 26 U.S.C.s 5000A. This agreement is not workers' compensation insurance and does not replace an employer's obligations under chapter 440.**

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

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**PATIENT SIGNATURE:**

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

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Name of Patient's Parent or Legal Guardian

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Signature

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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: \_\_\_\_\_. Same-day appointments must be scheduled no later than \_\_\_\_\_. The last appointment of the day is \_\_\_\_\_ Th. New Patients and Wellness visits will not be scheduled for same day appointments and must be scheduled at least one week in advance. For Patients with acute issues, Practice will attempt to see Patients within 24-48 hours if medically necessary during regular office hours.

**After-hour Communications. After-hour Communications.** Outside of normal business hours, Patients may call or message Practice's provider every day including holidays and weekends. Practice's provider 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. Calls or messages outside of normal hours are reserved for urgent/acute clinical concerns only. Appointment requests, prescription refills, Program questions and routine health care concerns or questions will not be addressed outside of normal business hours. Routine or continued disregard of this requirement may result in termination of Patient's membership in the Program.

**No Emergency Care.** In an emergency situation or anything that could possibly be perceived as an emergency 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.

**Ongoing Primary Care and In-Office Procedures.** While there are no fees for office or virtual visits associated with the Program Services, there are some services that require an additional fee to be paid at the time of service. These are detailed below. The DPC Program does not include Federal Motor Carrier Safety Administration ("FMCSA") physicals, disability determinations for insurance, social security, or ADA purposes or Workman's Compensation visits.

**Family Planning.** Practice will provide advice and consult on family planning issues. For Patients who choose to use Nexplanon or IUD devices, Practice will provide Patient with a prescription to obtain the Nexplanon or IUD 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 IUDs or Nexplanon. Alternatively, practice can order Nexplanon or IUD device on patients' behalf, however full payment of device is due to practice prior to order placement.

**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. Both Santa Rosa and Escambia County Health Department provide vaccinations

at very little costs and Practice will advise Patients as to how to contact the County Health Department.

**Labs.** Some labs may be performed by Practice while others may require Patient to go to an outside facility. Labs performed by Practice are not included in the MMF and the cost of these will be discussed at time of service. Outside laboratory testing services are likewise not included in the MMF and Patient will be responsible for paying for these draws. Patient may be able to have insurance billed directly for the cost.

**Medications.** Medications will be ordered in the most cost-effective manner possible for Patient. Patient’s membership in the Program does NOT guarantee medications will be prescribed; the provider will do what is medically appropriate for the Patient in determining whether to prescribe medications.

**Durable Medical Equipment (DME).** Practice does not provide DME utilized in a Patient’s treatment, such as slings, boots, and braces. Practice will advise Patient as to what DME is required and how to obtain the DME. The cost of DME is not included in the MMF.

**Pathology.** Pathology examinations of tissue samples collected from procedures are not included in the MMF and will be ordered in an economical manner. Practice has negotiated deeply discounted prices for pathology services and Patient will pay Practice for the outside pathology services at the time the tissue sample is taken. 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. Further, 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.

**Imaging.** Outside imaging services, such as Xray’s, MRI, CT Scans and Ultrasounds, are not included in the MMF and will be ordered in an economical manner. Practice has negotiated deeply discounted prices for imaging services with certain imaging facilities. Practice will send the order electronically for the image and Patient will pay the imaging facility directly for these services.

Listed below are the services included in the Program and whether there is any additional fee due for the particular service. If there is any additional fee to be paid, the payment is due at the time the medical services are rendered.

| <b>DPC Monthly Membership Program Services -</b> |  |                        |
|--|--|------------------------|
| <b>Type</b>                                      | <b>Description</b>   | <b>Additional Fee?</b> |
| <b>WELLNESS AND PHYSICALS</b>                    | Well woman exams, Wellness visits for men, Well child exams. Participation exams for sports, camps, and school physicals. We DO NOT provide physical exams for DOT (Department of Transportation, disability determinations for insurance, social security, or ADA purposes or Workman’s Compensation visits | No                     |



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|---------------------------|---|--|
| <b>VACCINES</b>           | Counseling for needed vaccines and immunizations. (See Vaccinations above)  | No for administration of vaccine, but patient is responsible for the cost of the vaccine   |
| <b>ACUTE ISSUES</b>       | Initial evaluation and basic management of abdominal pain, acid reflux, allergic reactions, ankle injuries, asthma attacks, back strains, bedbugs, bee stings, blood clots in the legs, bone fractures, bug bites, burns, bursitis, carpal tunnel, chest pain, cold sores, constipation, COPD exacerbations, COVID, cuts, diarrhea, dizziness, ear infections, electrolyte problems, erectile dysfunction, eyelid infections, gallbladder infections, genital concerns, gout, headaches, hemorrhoids, hip injuries, influenza, ingrown toenails, intertrigo, jock itch, kidney problems, kidney stones, knee injuries, lice, migraines, mono, nausea and vomiting, pink eye, plantar fasciitis, pneumonia, rashes, rectal bleeding, ringworm, scabies, seasonal allergies, sexually transmitted diseases, shingles, shoulder injuries, skin infections, sports injuries, sprains and strains, stomach ulcers, strep throat, tonsil stones, tonsillitis, tooth infections, urinary tract infections, vaginal discharge, vaginal yeast infections | No for initial evaluation, but additional cost may be necessary depending on further testing, referrals, or treatments that are needed |
| <b>CHRONIC CONDITIONS</b> | Evaluation and basic management of acne, adrenal insufficiency, allergies, angina, anxiety, asthma, autoimmune diseases, chronic constipation, chronic kidney disease, COPD, Crohn's disease, dandruff, depression, diabetes, eczema, enlarged prostate, gastroesophageal reflux disease (GERD), hand eczema, heart disease, heart failure, high blood pressure, high cholesterol, leg swelling, menstrual problems, neurological diseases, osteoarthritis, osteoporosis, psoriasis, rheumatoid arthritis, sleep apnea, stroke, thyroid disease, ulcerative colitis   | No for initial evaluation, but additional cost may be necessary depending on further testing, referrals, or treatments that are needed |
| <b>DERMATOLOGY ISSUES</b> | Initial evaluation and basic management of acne, athlete's foot, atypical moles, burns, calluses, corns, dandruff, eczema, excessive sweating, genital warts, hand eczema, hives, hidradenitis suppurative, ingrown toenails, intertrigo, jock itch, keloids, skin precancers, psoriasis, rashes around the mouth, ringworm, rosacea, skin tags, unwanted hair growth, vitiligo, warts  | No for initial evaluation, but additional cost may be necessary depending on further testing, referrals, or treatments that are needed |
|                           | Skin cancer screening   | No   |
|                           | Abscess draining  | No   |

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|                       | Skin fungus testing  | Yes, cost of outside lab   |
|                       | Skin shave/punch and biopsies  | No for the procedure, but there is cost for outside pathology (lab testing)  |
|                       | Total body skin exams  | No   |
| <b>PROCEDURES</b>     | Ingrown nail removal   | Yes, cost available upon request   |
|                       | Injections for muscular trigger points, trigger finger, keloids, trochanteric bursitis, knee pain, sacroiliac joint pain, and shoulder pain  | No for the injection, but there is an additional cost for the medication injected and supplies used  |
|                       | Removal of objects from ears, nose   | No   |
|                       | Stitches for simple lacerations (may be times when outside referral to ER or specialist may be necessary for complicated lacerations or aesthetic necessity)   | No   |
|                       | Fracture care, casting, and splinting (may be times when outside referral to orthopedist may be necessary)   | Yes, outside imaging fee and cost for cast and/or DME  |
| <b>COUNSELING</b>     | End-of-life planning   | No   |
|                       | Exercise counseling  | No   |
|                       | Nutrition counseling   | No   |
|                       | Smoking cessation counseling   | No   |
|                       | Stool blood testing  | No   |
|                       | Testicular exams   | No   |
|                       | Weight management counseling   | No   |
|                       | STI screening counseling   | No, but additional cost may be necessary for bloodwork/testing   |
| <b>WOMEN'S HEALTH</b> | Initial evaluation of and basic management of breast problems, menstrual problems, menopause symptoms, overactive bladder, urinary tract infections, vaginal discharge, vaginal yeast infections, STI screening counseling | No for initial evaluation, but additional cost may be necessary depending on any further testing, referrals, or treatments that are needed |
|                       | Osteoporosis screening counseling and coordination   | No for the counseling and coordination, but screening tests from an outside facility will include additional costs                         |
|                       | Breast cancer screening counseling and coordination  | No for the counseling and coordination, but screening tests from an outside facility will require additional costs                         |
|                       | Breast exams   | No   |

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|---------------------|--|---|
|                     | Endometrial biopsy   | No for procedure, but additional cost for outside pathology   |
|                     | Hormone Replacement Therapy (HRT) counseling and management  | No, but patient is responsible for cost of any required testing and cost of medications                           |
|                     | Cervical cancer screening counseling and coordination (includes performing a pap smear)              | No, but outside pathology (pap smear lab) will require additional costs   |
|                     | Contraception counseling   | No  |
|                     | Women's birth control device procedures-IUD/Nexplanon placement and removal                          | No, but patient is responsible for the cost of the device and medications administered (if applicable)            |
|                     | Natural family planning counseling   | No  |
|                     | Osteoporosis screening counseling and coordination   | No, but cost of DEXA scan or other tests will require additional costs  |
|                     | Pelvic exams   | No  |
| <b>MEN'S HEALTH</b> | Initial evaluation and basic management of enlarged prostate, genital problems, erectile dysfunction | No for initial evaluation, but any further testing, referrals, or treatments will require additional cost         |
|                     | Prostate cancer screening counseling and coordination  | No for the counseling and coordination, but screening tests from an outside facility will require additional cost |
|                     | Testicular exams   | No  |

**Appendix B**  
**MONTHLY MEMBERSHIP FEE**

The Monthly Membership Fee shall be as follows:

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|---|--------------------|
| Each Patient under the age of 18  | \$30.00 per month  |
| Each Patient over the age of 18 and up to 26                              | \$50.00 per month  |
| Each Patient over the age of 26 and up to 65                              | \$80.00 per month  |
| Each Patient over the age of 65<br>(No Medicare Beneficiaries)            | \$95.00 per month  |
| Families of 4 or more<br>(must enroll at the same time and stay enrolled) | \$200.00 per month |

