

Patient Agreement

MY WAY MEDICAL, LLC dba Urick Internal Medicine

This Agreement entered on _____, 20_____, between **MY WAY MEDICAL, LLC**, a Pennsylvania Limited Liability Corporation (**PRACTICE**), referred to as Urick Internal Medicine (UIM) and the Principal and Member(s) set forth below.

Background

The PRACTICE is a Direct Pay Primary Care practice (DPC), which delivers primary care services through its licensed physician(s). In exchange for certain fees paid by the Principal, the PRACTICE, agrees to provide the Member(s) with the Services described in this Agreement on the terms and conditions contained in this Agreement.

A. Definitions

1. **Member.** Member means the person(s) for whom the PRACTICE shall provide Services, and who are signatories to, or listed below, as Members.
2. **Principal.** Principal means the person who is financially responsible for enrollment, membership and visit fees. The Principal may or may not also be a Member.
3. **Membership.** Membership in the PRACTICE is defined as eligibility for Services, as defined below.
4. **Physician.** A Physician is a medical doctor (M.D.) or an osteopathic doctor (D.O.)
5. **Services.** Services means a package of both medical and non-medical services as defined in **Appendix 1** which are included in the price of the Membership.
6. **Amenities.** Amenities means services provided for a fee separate from the enrollment and monthly membership fee, billable directly to the Principal. A list of Amenities is provided in **Appendix 2**.
7. **Initial Enrollment Fee.** A non-refundable one-time fee paid by the Principal on the day of enrollment.
8. **Monthly Membership Fee.** A recurring monthly fee paid for Services provided by the PRACTICE.

B. Service Provision. In exchange for an initial enrollment and monthly membership fee paid by the Principal, the PRACTICE shall provide the Services.

C. Services Excluded. Membership in the PRACTICE **does not** include immunizations, laboratory tests, medical devices, emergency room medical services, specialist care, hospital care, radiology, or other specialty health care needs. If the Physician feels a healthcare need is outside of the scope of his/her training, referral to a specialist will be warranted. Membership in the PRACTICE does not preclude

medically necessary specialist evaluation or referral as deemed appropriate by the Physician. Although the PRACTICE may help procure specialist cash pricing for the Member, the PRACTICE does not guarantee discounted specialist pricing. If the PRACTICE does not have information providing specialist cash pricing on hand, it will be the Member's responsibility to obtain such pricing at the specialist's office to whom the Physician refers the Member.

D. Non-Participation with Insurance. Members acknowledge that neither the PRACTICE nor the Physician(s) participate in any health insurance or HMO plans. The PRACTICE makes no representations whatsoever that any fees paid under this Agreement are covered by health insurance or other third-party payment plans applicable to the Member. The Member shall retain full and complete responsibility for any such determination.

Since Dr. Urick does not participate with insurance companies, **there can be no submissions for insurance reimbursement for any office visits.** The PRACTICE's role is limited to providing Members with receipts for monthly medical service fees, however office visits do not necessarily contain diagnostic codes or billing codes. There is no guarantee of reimbursement by the Member's insurance company.

Members also acknowledge at time of enrollment and execution of the Agreement that Medicaid is not their primary health insurance plan (since Dr. Urick is unable to bill a monthly service fee to Medicaid patients). Should a patient become Medicaid-eligible or enroll in a state Medicaid insurance plan, they must notify Dr. Urick and My Way Medical, LLC so that arrangements could be made to transfer to a primary care physician who accepts Medicaid. Medicare enrolled patients will be required to sign a separate "Medicare Waiver" agreeing not to submit or attempt to submit any of My Way Medical, LLC's charges for reimbursement to their respective Medicare plan (as Dr. Urick does not participate with Medicare health plans).

E. Insurance or Other Medical Coverage. Members acknowledge and understand that this Agreement is not an insurance plan and is not a substitute for health insurance or other health plan coverage (such as participation in an HMO). Membership will not cover hospital services, or any services not personally provided by the Physician(s). Member acknowledges that the PRACTICE has advised that Member obtain or keep in full force health insurance policy(ies) or plans that will cover Member for general healthcare costs.

F. Payments. The required method of payment is recurring monthly credit, debit card, or bank account for ACH auto-debit. Fees will be charged according to the billing policies and procedures set forth in **Appendix 2.**

Health Savings Accounts ("HSA")/Flexible Spending Accounts ("FSA") may be used for payments/fees following the rules of each plan but the PRACTICE in no way guarantees reimbursement for Services. To pay the Monthly Membership Fees with HSA or FSA per Federal Law and the PRACTICE recommends that the Member discuss tax guidelines/law with their accountant or attorney.

G. Term. This Agreement will commence on the date of execution of this Agreement, payment of the Initial Enrollment Fee and payment of the first Month's Membership Fee. It shall continue for a minimum initial period of 3 months, then automatically renew

monthly.

H. Termination. Principal/Member and the PRACTICE shall have the absolute and unconditional right to terminate this Agreement, without showing any cause for termination, **upon giving 30 days' prior written notice to the other party.** Unless previously terminated as set forth above, at the expiration of the initial 3-month term (and each succeeding monthly term), the Agreement will automatically renew for successive monthly terms. Urgent care access and chronic medication refills will continue for 30 days from notice of termination. The PRACTICE does not refund Monthly Membership or Initial Enrollment Fees or any other fees. Member may continue to access Services until the last day of the 30-day termination period. (For example, if a Member gives notice of termination or is terminated by the PRACTICE on July 15th, their last payment will be billed on August 1st. Urgent access and chronic medication refills will continue for 30 days from notice of termination, until August 14th. Membership fees are not pro-rated in the final month of membership.)

I. Communications. The Member acknowledges that, although the PRACTICE shall comply with all legal privacy requirements, communications with the PRACTICE using email, facsimile, video chat, cell phone, texting, and other forms of electronic communication can never be certain to be secure or confidential methods of communications. As an accommodation to Members, the PRACTICE does not require Members to utilize encryption software, so the PRACTICE cannot be responsible for the security and privacy of these messages. **Member acknowledges that all such communications may become a part of the medical record.** By providing an e-mail address upon registration in the electronic health record, the Member authorizes the PRACTICE and its Physician/staff to communicate with him/her by e-mail. The member further acknowledges that:

1. **E-mail is not an appropriate means of communication in an emergency**, for time- sensitive problems, or for disclosing sensitive information. In an emergency, or a situation that Member could reasonably expect to develop into an emergency, Member understands and agrees to call 911, and follow the directions of emergency personnel.
2. **If Member does not receive a response to an e-mail/text message within 24 hours, Member agrees that Member will contact the PRACTICE by telephone or other means.** If it is an urgent issue and email/text message had not been answered within one hour, Member agrees to call the PRACTICE using the phone number within one hour, Member agrees to call the PRACTICE using the phone number provided upon enrollment.

The PRACTICE will not be liable for any loss, injury, or expense arising from a delay in responding to Member when that delay is caused by technical failure. Examples of technical failures include but are not limited to: (i) failures caused by an internet service provider, (ii) power outages, (iii) failure of electronic messaging software or email providers (iv) failure of the PRACTICE's computers or computer network, or faulty telephone or cable transmission, or (iv) any interception of e-mail communications by a third party.

- J. Severability.** If any part of this Agreement is held to be invalid or unenforceable by a court of competent jurisdiction, that part will be amended to the extent necessary to be enforceable and the remainder of this Agreement will stay in force as originally written.
- K. Reimbursement for Services Rendered.** If this Agreement is held to be invalid in whole or in part for any reason, and the PRACTICE is required to refund fees paid by Principal, such refund shall be offset by an amount equal to the fair market value of the medical services Member received during the period for which the refunded fees were paid.
- L. Amendment.** No amendment of this Agreement shall be binding on a party unless it is made in writing and signed by all the parties. Notwithstanding the foregoing, the PRACTICE may unilaterally amend this agreement to the extent required by federal, state, or local law or regulation (Applicable Law) by sending Principal and Members 30 days' advance written notice of any such change. Any such changes are incorporated by reference into this Agreement without the need for signature by the parties and are effective as of the date of the establishment by the PRACTICE. Should this Agreement be amended to reflect a change in Monthly Membership Fees, PATIENT will be given 60 days' advanced written notice.
- M. Assignment.** This Agreement, and any rights Member may have under it, may not be assigned or transferred by Member. **Any Member who attempts to request treatment for a non-member will have their membership agreement terminated by the PRACTICE.** (An example would be a Member calling to see if a medication could be called in for a spouse, child, or friend. Another example would be a Member bringing a non-member to an office visit and ask for treatment or evaluation). MEMBER understands that the PRACTICE maintaining a smaller patient panel to limit its liability and treating non-members could jeopardize such liability.
- N. Legal Significance.** Member and Principal acknowledge that this Agreement is a legal document and gives the parties certain rights and responsibilities. Member and Principal also acknowledge that each has had a reasonable time to seek legal advice regarding the Agreement and have either chosen not to do so or have done so and are satisfied with the terms and conditions of the Agreement.
- O. Miscellaneous.** This Agreement shall be construed without regard to any rules requiring that it be construed against the party who drafted the Agreement. The captions in this Agreement are only for the sake of convenience and have no legal meaning.
- P. Entire Agreement.** This Agreement contains the entire agreement between the parties and replaces any earlier understandings and agreements, either written or oral.
- Q. No Waiver.** Each party agrees that they may choose to delay or not to enforce the other party's requirement or duty under this Agreement (for example notice periods, payment terms, etc.). Doing so will not constitute a waiver of that duty or responsibility. The party will have the right to enforce such terms again at any time.
- R. Jurisdiction.** This Agreement shall be governed and construed under the laws of the Commonwealth of Pennsylvania. All disputes arising out of this Agreement shall be

settled in the court of proper venue and jurisdiction for the PRACTICE in Aliquippa, Pennsylvania or any future locations in the Commonwealth of Pennsylvania.

S. Service. All written notices are deemed served if sent to the address of the party written below by first class U.S. mail.

IN WITNESS WHEREOF, with the intent to be legally bound, the parties have signed duplicate counterparts of this Agreement on the date first written above.

MY WAY MEDICAL, LLC

Signature of Member

Name of Member (printed)

Date

Address:

Signature of Principal (If different than Member)

Name of Principal (printed)

Date

COMMUNICATION CONSENT

It is the policy of the PRACTICE not to release confidential and/or unauthorized information by any means. Whenever returning telephone calls and the answering machine picks up, we do not leave a message if the name or telephone number is not on the recorded message to identify the residence. Also, information beyond our identification and return contact numbers will not be left with an answering machine.

I authorize the PRACTICE to contact me and leave contact information messages at the following numbers:

PLEASE PROVIDE THE APPROPRIATE NUMBERS IN THE SPACES BELOW,
AND CHECK THE PRIMARY CONTACT NUMBER.

Home _____

Work _____

Cell _____

If you would like to have information released to someone other than yourself, please complete the following:

Please List the names of authorized people:

Spouse/Partner: _____

Parent: _____

Other names (please list relationship, such as boyfriend/girlfriend, fiancé(e), sister, brother, etc.):

Name: _____

Relationship: _____

MEMBER/PATIENT PRINTED NAME: _____

MEMBER/PATIENT SIGNATURE: _____

**My Way Medical
Direct Primary Care**

Combined Acknowledgment and Consent
Acknowledgement of receipt of notice and consent to use and disclose health information

Read before signing the Acknowledgement and Consent

This acknowledgement of notice and consent authorizes My Way Medical, LLC dba Urick Internal Medicine to use and disclose health information about you for treatment, payment, and healthcare operations purposes.

Notice of Privacy Practices. My Way Medical, LLC dba Urick Internal Medicine has a Notice of Privacy Practices, which describes how we may use and disclose your protected health information and how you can access your protected health information and exercise other rights concerning your protected health information. You may review our current notice prior to signing this acknowledgement and consent.

Amendments. We reserve the right to change our Notice of Privacy Practices and to make the terms of any change effective for all protected health information that we maintain, including information created or obtained prior to the date of the effective date of the change. You may obtain a revised notice by submitting a written request to our Privacy Officer.

How to contact our Privacy Officer Samuel Urick III, D.O.

Mail: Urick Internal Medicine * Attention: Privacy Officer
* 150 Pleasant Drive * Suite 102 * Aliquippa, PA 15001
Telephone: (724)257-2157
Fax: (724)257-2158

Acknowledgement and Consent

Print or type all information except signature

I have received the Notice of Privacy Practices of My Way Medical, LLC dba Urick Internal Medicine and authorize them to use and disclose health information about patient

_____ for treatment, payment, and healthcare operations purposes consistent with its Notice of Privacy Practices.

Signature of patient (Or patient's personal representative) and date:

Name of Personal representative of patient (if applicable) and date:

Relationship to patient (or other authority): _____

Patient Agreement Appendix 1

Medical Services

Medical Services means those medical services, provided by the PRACTICE, that the Physician is licensed and permitted to perform under the laws of the Commonwealth of Pennsylvania that are consistent with his/her training and experience. Membership in the PRACTICE includes the following Medical Services:

1. **Primary Health Care Services.** The PRACTICE shall provide office-based Medical Services to the Members listed above.
 - a. Well/preventative office visits, which are visits for the preservation of physical and mental wellness, discussion of preventative guidelines, nutrition and exercise following recommended guidelines by the American College of Physicians, American Academy of Family Physicians and the US Preventative Services Task Force.
 - b. Evaluation of new problems, including but not limited to treatment of sore throats, coughs, colds, other minor illness and injury, certain minor surgical procedures, and any other services within the scope of Internal Medicine training.
 - c. Follow-up visits for the management of long-term medical conditions including, but not limited to, asthma, hypertension, diabetes and other chronic conditions/illnesses within the scope of Internal Medicine.
 - d. Care coordination to assist other health team members by organizing and forwarding pertinent information from primary exams for use by specialists including progress notes, laboratory results, and imaging reports.

2. **Urgent Medical Care.** A Member who has an acute illness or is otherwise in need of medical care for a condition which is not life-threatening who calls the PRACTICE's main phone number at 724-257-2157 between Monday-Friday before 11:00 am or on a weekend or holiday before 11:00 am, shall receive a return call before 5:00 pm that same day. Most calls will be returned within 60 minutes unless the PHYSICIAN is with a patient. **After a telephone consultation with the Member, the PHYSICIAN will determine, within his/her sole discretion, whether the illness or medical condition requires same-day PHYSICIAN care.** If same-day PHYSICIAN care is warranted, arrangements will be discussed with the MEMBER to determine whether an office visit, phone visit, Urgent Care or Emergency Room visit is most appropriate. **If same-day care is not warranted in the PHYSICIAN'S judgement, the MEMBER shall be scheduled for an appointment on the next available business day which is not a weekend day or holiday.**

3. **Access.** MEMBERS will be provided continuous 24/7 access for acute medical issues within reason. (For example, if a patient needs a medication refill, it would not be appropriate to text/call at 10pm at night).

4. **Specialist Care/Referrals.** If the PHYSICIAN feels a healthcare need is outside of the

scope of primary care, referral to a specialist physician will be warranted. Membership in the PRACTICE does not preclude medically necessary specialist evaluation or referral as deemed appropriate by the PHYSICIAN. If the MEMBER does not agree to follow through on a recommendation for specialist referral by the PRACTICE, the MEMBER will be asked to sign an Against Medical Advice form and the PRACTICE reserves the right to terminate the Member's membership. Although the PRACTICE may help procure specialist cash pricing for the Member, it is not the responsibility of the PRACTICE to guarantee discounted specialist pricing. If the PRACTICE does not have information providing specialist cash pricing on hand, it will be the MEMBER'S responsibility to obtain such pricing at the specialist's office.

Non-Medical Services

The PRACTICE shall also provide Principal/Patient Members with the following Non-Medical Services:

1. **Continuous Access.** Member shall have access to the PRACTICE via direct telephone, email, text and video visits on a continuous basis. During routine visits MEMBERS will receive training on how best to communicate with the PRACTICE, such that:
 - a. **Non-urgent needs** may be communicated by Member during business hours or after hours but may not be addressed for **1-2 business days**.
 - b. **Urgent needs** will be communicated by MEMBER by directly calling the office during office hours and by calling the private cell phone number for the PHYSICIAN after office hours whenever necessary; Member agrees NOT to email or text urgent issues during office hours as the PRACTICE is seeing Members for visits and giving full attention to MEMBERS in the office. In this situation, it is strongly recommended that the MEMBER calls the office directly at 724-257-2157. If the MEMBER is having a life-threatening emergency issue, MEMBER agrees to call 911 or proceed directly to an emergency room. The PRACTICE will try to return all calls/messages within 60 minutes to the best of its ability. If MEMBER does not receive a call, text, message back from the PRACTICE after 60 minutes, Member agrees to try and call the PRACTICE by phone again. The PRACTICE will provide patients with a HOW TO CONTACT US form upon enrollment which may be modified from time to time.
2. **Email Access.** The MEMBER shall be able to communicate with the PRACTICE through a non-secure platform using **office email addresses directly linked to the Member's electronic health record**. These emails will be provided upon enrollment.
3. **Text Messaging.** MEMBER shall be able to communicate with the PRACTICE using office text messaging on a non-secure platform directly linked to the Member's electronic health record. The number to be used for texting will be provided upon enrollment. The MEMBER acknowledges that during office hours the PRACTICE may not be able to check text messages so if there is an urgent medical need that requires immediate attention the MEMBER is to call the office. **Text messages are linked to a special number that delivers every text message into the MEMBER'S chart.**

4. **Video Visits.** Video visits are accomplished through a non-secure platform using the electronic health record.
5. **Phone Calls/Visits.** MEMBER will use the office number during office hours as outlined above. MEMBER will use a PHYSICIAN'S special private number, which will be provided upon enrollment, to call the PRACTICE after-hours/weekends/holidays for acute issues. The PHYSICIAN's private number is never to be shared with anyone and only to be used by the MEMBER/PATIENT. If non-members/non-patients text the private number, it will not be received since the number is linked to active charts only.
6. **Non-controlled substance Policy.** Patients will not be prescribed controlled substances in the practice, but instead will be referred to the appropriate specialists. For example, narcotics/opioids (e.g. Norco, Percocet, Oxycodone), ADHD stimulants (e.g. Ritalin, Adderall, Phentermine/Adipex), and benzodiazepine (e.g. Xanax, Ativan, Valium) will not be prescribed or refilled under any circumstance. Patients who join My Way Medical in no way expect PHYSICIAN to refill these medications or initiate a new prescription for them.
7. **Physician absence.** The Physician may from time to time, due to vacations, sick days, and other similar situations, not be available to provide the services referred to in Appendices. During such times, Patient Member calls to the Physician will be routed to a message indicating absence from duty and what time full service is expected to resume. If Patient Members have a concern which is urgent and the Physician is absent from duty, they should proceed to the nearest urgent or emergent care facility. Dr. Urick will provide ample notice for planned vacation time and having a covering physician arranged to be able to evaluate patients should the need arise.

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Patient Agreement
Appendix 2
Fees

Initial Enrollment Fee

Initial Enrollment Fee is a one-time fee of \$100.00 per Member enrolled for Services at the PRACTICE. The Principal shall pay the Initial Enrollment Fee to activate membership on the first day of enrollment. This Fee shall be paid using a credit/debit card entered into the electronic health record at time of enrollment. This fee may also be paid on the in-office secure credit card device. This fee is non-refundable.

Monthly Membership Fee

1. Monthly Membership Fees shall be paid by the Principal using a credit/debit card entered into the electronic health record on the date of enrollment. Monthly Membership Fees shall be paid by Principal on the **1st day** of every month. This fee is not pro-rated in the month of termination. This fee is non-refundable.
2. Monthly Membership Fee is age based as follows:
 - a. Age 18-44 \$65/month
 - b. Age 45-64 \$75/month
 - c. Age 65+ \$100/month
3. Should the Monthly Membership Fees change, the MEMBER will be notified 60 days in advance.

Additional Fees for Amenities

Additional Fees shall be paid by the Principal using a credit/debit card or bank account ACH (auto-draft) entered into electronic health record. Additional fees include:

- Discounted laboratory/pathology fees to be disclosed to patient prior to use of service
- a. Quest Laboratory draw fee
 - b. Discounted medications through in-house dispensary to be disclosed to patient prior to use of service
 - c. Discounted radiology/imaging fees to be disclosed to patient prior to use of service
 - d. Some fees for discounted specialty services/fees to be disclosed prior to use of service
 - e. Vaccine cost to be disclosed prior to ordering/administration

Administrative Fees

1. Missed Appointment Fee. Principal shall be charged \$25 for a missed appointment.
2. Payment past due 30 days. If a balance remains unpaid for longer

than 30 days, there will be a \$25 surcharge added to the balance. This surcharge will recur each 30-day period the balance remains

unpaid. Members may be terminated after 30 days of non-payment at the discretion of the PRACTICE.

3. Failed Charge Fee. There will be a \$20.00 failed charge fee assessed for every failed transaction or challenged transaction with the member's bank/credit card institution.
4. Chart Transfer Fee. Available upon request.
5. Late Cancellation Fee. There will be a \$25 fee for an appointment that is not cancelled 24 hours prior to the scheduled visit.

Re-enrollment Fee

The Principal shall pay a Re-enrollment Fee of \$350.00 if the Member terminates membership with THE PRACTICE and wishes to re-enroll. The PRACTICE has the right to reject the request for re-enrollment.

Termination

If this Agreement is cancelled by either party before the Agreement ends, the PRACTICE will review and settle your account as follows:

1. All unpaid balances will be paid by Principal using the credit/debit card on file on the day of notification of termination. If termination occurs before the end of the initial three-month term and the Member has already been seen for an initial visit, the Principal may be billed for the balance of the initial three-month term (the "Termination Charge"). The Termination Charge represents liquidated damages for the work of the PRACTICE in the initial visit (and any subsequent visits), and the loss to the PRACTICE of the income from other patients that the PRACTICE could not treat because of the limited number of Members the PRACTICE can accommodate. During the ensuing 30-day period, there will be a final monthly payment required through a credit or debit card if that 30-day period includes the 1st of the following month.

2. If the Member terminates within the initial three-month term and the Member has not yet been seen by the PHYSICIAN, the monthly billing cycle will be ended after the current billing cycle.

3. If the termination is initiated by the PRACTICE, no further charges will be assessed beyond the current billing cycle.

4. If Principal decides to re-enroll, the PRACTICE reserves the right to deny re-enrollment.

Reimbursement for Services Rendered

Per the member agreement, If this Agreement is held to be invalid in whole or in part for any reason, and the PRACTICE is required to refund fees paid by

Principal, such refund shall be offset by an amount equal to the fair market value of the medical services Member received during the period for which the refunded fees were paid.

Fair market value for the following services are listed here and would be assessed and refund would be offset by said fees:

| | |
|---|---|
| Annual Wellness/Initial Wellness Visit | \$200.00 |
| Same day sick visit/problem visit | \$150.00 |
| Established Patient Visit (30 minutes) | \$120.00 |
| Established Patient Visit (60 minutes) | \$220.00 |
| Laceration Repair simple/complex | \$105.00 |
| Nebulized Breathing Treatment | \$30.00 for 1 medication \$50.00 for 2 medications |
| Abscess Incision and Drainage | \$100.00 |
| Rapid Strep test in office | \$20.00 |
| Rapid Influenza test in office | \$80.00 |
| Rapid Mono test in office | \$50.00 |
| Rapid Urine Dipstick (for UTI)in office | \$25.00 |
| Rapid Urine Pregnancy test (in office) | \$25.00 |
| Point of Care Glucose testing in office | \$10.00 |
| Joint injection | \$80.00 |
| Cerumen removal | \$60.00 |
| Trigger point injection | \$50.00 per body region |