

### Terms

- I acknowledge and understand that I am voluntarily becoming a Vintage Direct Primary Care, PLLC (“Vintage DPC”) member for primary care services on behalf of myself or individuals for whom I am a parent or legal guardian. I understand that this agreement is non-transferable.
- I have received and reviewed the “Member Services Guide,” which describes the types of services provided. I have had the opportunity to ask questions and receive answers about its content.
- I acknowledge and understand that the monthly membership fee is paid in consideration for the services outlined in the Member Services Guide. I understand that if my care requires services or supplies that are not included in my membership, the fees for these services or supplies will be discussed with me in advance and I will be responsible to pay these fees in full at the time of service.
- I acknowledge and understand that **this agreement does not provide comprehensive health insurance coverage** nor is it a contract of insurance. **It only provides for primary care health care services as specifically described in the Member Services Guide.** I recognize that I am encouraged to obtain conventional private individual, catastrophic, or comprehensive health insurance.
- I acknowledge and understand that the monthly fee paid to Vintage DPC does not cover the cost of prescription drugs, hospitalization costs, major surgery, dialysis, high level radiology (CT, MRI), rehabilitation services, or procedures requiring general anesthesia, or similar advanced procedures, services or supplies and that I am responsible for any charges incurred for those services performed outside of Vintage DPC.
- I acknowledge and understand that Vintage DPC will not bill an insurance carrier, Medicare or Medicaid for any services provided.
- I acknowledge and understand that if I am enrolled in Medicare, I will receive a copy of the “Medicare Opt-Out Agreement” for review and signature before my first appointment.
- I acknowledge and understand that to become a Vintage DPC member, I must submit payment of a one-time registration fee and my first month’s membership fee with my enrollment forms, which shall include my authorization for automatic monthly payment of my monthly membership fee.
- I acknowledge and understand that I agree to pay my monthly membership fee in advance on the 25th of each month for the following month’s service. In the event payment is not received, Vintage DPC will notify me through my given contact information and will charge a \$25 late fee.
- I acknowledge and understand that Vintage DPC may add or discontinue services included in the fee or increase my fee schedule at any time (but no more than once annually) and that I will be given at least sixty (60) days’ notice of fee schedule changes.
- I acknowledge and understand that Vintage DPC may cancel this Member Agreement for cause due to non-payment of fees or for unruly, threatening, or inappropriate behavior by providing me written notice. Any pre-paid monthly fees will be prorated to the date of cancellation and returned to me within ten (10) business days. Vintage DPC will not cancel this Member Agreement solely on the basis of health status.
- I acknowledge and understand that I am free to cancel this Member Agreement at any time by providing written notice to Vintage Direct Primary Care, 19319 7<sup>th</sup> Avenue NE, Suite 114, Poulsbo, WA 98370. **Monthly fees will continue to accrue until the written Membership Cancellation form is received.** Any pre-paid care fees will be prorated to the date of cancellation and refunded to me within ten (10) business days.
- I acknowledge and understand that if I cancel this Member Agreement, I may not reenroll until 12 months after the date of my written cancellation and I must submit a re-registration fee of \$250 along with the other requirements of enrollment. Vintage DPC makes no representations that I will be able to reenroll at some future date.



## Rights and Responsibilities

### Member Agreement Cont'd

- I agree to disclose all information relating to my health condition and to actively collaborate with my health care provider to understand my treatment options and develop the best course of action.
- I understand that my enrollment in Vintage DPC is a commitment to my ongoing health and wellness. I agree to commit to those plans for my medical care which have been agreed upon by me and my provider.
- I understand that I will be forthright with regard to my prescription medication and my use of them.
- I understand that it is my responsibility to inform Vintage DPC of any changes to my credit/debit card or bank account information.
- I understand that it is my responsibility to ensure that Vintage DPC has correct contact information (e.g. mailing address, phone) for my account.
- I agree to arrive on time for my appointment. If I do not arrive on time, my provider may not be able to spend as much time with me as I may need. In addition, I agree to call Vintage DPC at least 24 hours before an appointment if I need to cancel so that other patients can use my visit time.
- I understand that I have the right to receive accurate and easily understood information about Vintage DPC health care services, health care professionals, and health care facilities.
- I understand that I have the right to speak in confidence with my Vintage DPC provider and to have my health care information protected. I understand that Vintage DPC will not disclose my information without my authorization or without a legal obligation to do so. I also understand that I have the right to review and receive a copy of my personal medical record and may request that my health care provider amend my record if I feel it is inaccurate or incomplete by contacting my Vintage DPC provider.
- I understand that the monthly fee is intended to cover Vintage DPC provider's availability to provide services as well as the individual services provided and that the monthly fee is due for months under the Member Agreement even if I do not communicate with Vintage DPC providers or see them during a particular month.
- I understand that I am responsible for all bills associated with services provided outside the direct agreement for primary care services, whether provided by Vintage DPC or another organization or individual.
- In the event I wish to cancel my membership, I understand that **I must complete a written Membership Cancellation Form**. Any differences in payment between my billing date and the date of cancellation will be refunded to me via the payment method I have chosen for my monthly care fee. I understand that if my account is overdue, I am responsible for resolving the outstanding balance prior to my service cancellation.
- I understand that if I am dissatisfied for any reason, I may contact the Clinic's Administrator to address any complaints at [admin@vintagedpc.com](mailto:admin@vintagedpc.com) or 360.843.9940; I agree to first bring issues to the attention of Vintage DPC. I understand that I may address any unresolved complaints to the attention of the Office of the Insurance Commissioner for the State of Washington by calling the Consumer Advocacy department at: 800.562.6900 or by e-mail at [cad@oic.wa.gov](mailto:cad@oic.wa.gov).

By my signature below, I agree to become a Vintage Direct Primary Care member and I agree to the terms outlined in this Member Agreement. Parents or guardians of members under age 18 may sign on their behalf as their representative. A separate registration must be completed for each patient in a family. This Member Agreement will become effective when fully signed by the prospective Member and accepted by Vintage Direct Primary Care PLLC.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Member Name: \_\_\_\_\_

Signature by:  Member  Parent  Legal Guardian