

Concierge Medicine Patient-Doctor Agreement

****This Agreement**** ("Agreement") is entered into between ****[_____]**** ("Patient") and ****Dr. Arnold K. Cha**** ("Physician"), a licensed provider of concierge medical services, to establish the terms and conditions of the patient-doctor relationship in a concierge medical practice.

1. Scope of Services

Physician agrees to provide the following services to Patient under this Agreement:

- Comprehensive Medical Care: Including but not limited to preventative care, chronic disease management, and acute care services.
- Annual Physical Exam: A detailed examination and diagnostic evaluations.
- Extended Appointments: Appointments of sufficient length to address all patient concerns without time constraints.
- Same-Day or Next-Day Appointments: Guarantee of timely appointments for urgent needs.
- 24/7 Direct Access: Availability of Physician through phone, email, or secure messaging for urgent medical questions.
- Coordination of Care: Assistance with specialist referrals, lab tests, and hospital coordination when necessary.

2. Exclusion of Insurance

- Patient acknowledges and agrees that Physician's services under this Agreement are not covered by traditional insurance plans, Medicare, or Medicaid. The annual or monthly membership fee paid to Physician covers only the services listed in Section 1.
- Insurance for External Services: Patient remains responsible for any medical services outside of Physician's office, such as hospitalizations, surgeries, lab work, or specialist consultations. These services may be billed separately to Patient's insurance when applicable.

3. Fees and Payment Terms

- Membership Fee:: The annual fee for participation in the concierge medicine program is the following:

- \$200/month
- \$575/quarter (if paid quarterly)
- \$1,100/six months (if paid semi-annually)
- \$2,000/year if paid in full yearly

This fee covers the services outlined in Section 1.

- Payment is due in full on **the 1st of each month** or in annual, biannual, or quarterly installments
- Non-Covered Services: Services outside the scope of this Agreement may incur additional fees, which will be communicated in advance.
- Patients are billed monthly at beginning of each month for services already received, with no obligation to continue.
- There are no “joining” or “sign up” fees. Patients may cancel at any time for any reason with no advance notice.
- Patients who leave the practice and rejoin in less than 12 months will be charged a “rejoining fee”, in the amount not exceeding \$1000 or months missed (whichever amount is least)
- Patients who join after the 15th of the month will be charged \$100 for that month, and begin \$200/month beginning the next month.

4. Term and Termination

- Term: This Agreement is effective as of **[date]** and shall remain in effect for a period of one year unless terminated as described below.
- Termination by Physician: Physician reserves the right to terminate this Agreement at any time if Patient fails to comply with agreed-upon treatment plans or payment terms, or for any other reason with 30 days' written notice.
- Termination by Patient: Patient may terminate this Agreement at any time with 30 days' written notice. Cancellation will take effect the 1st of the following month.

5. Patient Responsibilities

- **Accurate Medical Information:** Patient agrees to provide accurate and up-to-date medical history, medication lists, and other relevant information to assist Physician in delivering care.
- **Communication:** Patient will notify Physician of any significant changes in health status, new symptoms, or treatment by other healthcare providers.

6. Limitation of Services

- This Agreement does not replace any health insurance policy, nor does it provide coverage for any hospital-based care, surgery, or specialist visits.
- Patient is encouraged to maintain health insurance to cover unforeseen medical expenses.

****Medicare/Medicaid patients:** We do not accept Medicaid/Medicare, but patient can still join practice at their will. We will not submit for reimbursement on patient behalf.

7. Miscellaneous Provisions

- **Governing Law:** This Agreement shall be governed by and construed in accordance with the laws of the State of WASHINGTON.
- **Entire Agreement:** This Agreement constitutes the entire understanding between Patient and Physician and supersedes all prior agreements or understandings.
- **Amendments:** This Agreement may only be amended in writing, signed by both parties.

By signing below, both parties acknowledge that they have read and understand the terms of this Agreement and agree to abide by them.

Patient Name: _____

Signature: _____

Date: _____

Physician Name: Dr. Arnold K. Cha

Signature: _____

Date: _____