



Application for Practice Membership and Agreement

This Application and Agreement (“Agreement”) describes the terms under which you may participate in the medical practice of Member Plus Family Health (the “Practice”).

- 1. The Practice.** The Practice will be limited to about 1/3 the size of a normal practice. Only members will be eligible to receive medical and healthcare services from the practice.

- 2. Enhanced Services.** The Practice will provide enhanced physician services, member health care support services, and other benefits (“enhanced services”) as an adjunct to those standard medical services generally reimbursed by insurance companies. The Practice reserves the unrestricted right to change the scope and composition of such service offerings from time to time based on various factors, which may include experience and the expressed desires of the majority of members.

- 3. Practice Membership Fees.** Your membership is for one year from the date your application is accepted and signed by the Practice. During the term of this agreement these fees are guaranteed and will not be increased. You may change your status as an individual or family at any time with 30 days’ notice. You may not transfer your membership in the practice to any other individual.

Membership fees are as follows:

<u>Member Type</u>	<u>Yearly</u>
Student - Age 19-24	\$316.00
One Adult - Age 25-39	\$555.00
<i>Couple - Ages 25-39</i>	<i>\$1000.00</i>
One Adult - Age 40-49	\$675.00
<i>Couple - Ages 40-49</i>	<i>\$1,200.00</i>
One Adult - Age 50+	\$835.00
<i>Couple - Ages 50+</i>	<i>\$1,500.00</i>
Add a child to above	\$256.00
<i>Max charge per family</i>	<i>\$768.00</i>

4. Health Care Services Excluded from Membership Fee. The Membership fee does not cover the cost of any medical and health care services covered by your health insurance. The Membership Fee covers the cost of the enhanced services. Enhanced services are not covered by health insurance. You (or your insurance company) will be financially responsible for all medical and health care services received from the Practice or its staff. If you have health insurance, the Practice will bill your health care insurance for those health care services furnished to you and covered by your insurance. You will notify the Practice as soon as possible when your insurance agreements change. Nothing in this Agreement supersedes or modifies the terms or conditions of any agreements relating to your insurance.

5. Financial Responsibility. You will be financially responsible for any co-payments, co-insurance or deductible amounts due under your insurance and for medical and healthcare services which are excluded from your insurance coverage. You are also financially responsible for payment of any services excluded from your insurance coverage. Co-payments are due at the time of health care service as required by your insurer. Payment for any other amounts for which you are financially responsible will be set forth in an invoice mailed or delivered to you. Unless arranged otherwise in advance, any amounts shown in the invoice are due and payable within thirty days from the invoice date.

6. Protection of Your Health Information, E-mail Communications. We are committed to protecting your information from unauthorized use. The Practice is also subject to federal regulations under the Health Information Portability and Accountability Act (HIPAA). There are issues with privacy and the use of e-mail and the internet which you should understand before you use these media to either communicate with us, or to access your medical or billing information. See the paragraph on the fourth page of this agreement entitled "Privacy Issues and E-mail Communications."

7. Health Insurance. The Practice is not intended to supplant your existing health insurance benefits. The cost of all services not provided by the Practice, such as professional services provided by other physicians, hospitalization, surgery and all other tests, procedures and services will be the responsibility of you or your health insurance program.

8. Mutual Satisfaction and Membership. The relationship between a physician and a patient is only effective when it is rooted in mutual trust, confidence and satisfaction. Accordingly, if you are not satisfied for any reason with your membership in the Practice, you may at any time withdraw your membership, end this agreement and your participation in the Practice on 30 days prior written notice delivered to the Office of the Practice. If the Practice believes for any reason it is unable to carry out its healthcare responsibilities to you, or if for any reason the Practice is discontinued, it may end the physician-patient relationship with you in the same manner by notice delivered to your address. The Practice may also end this Agreement and your participation in the Practice by providing 30 days' prior written notice to you, if any of the following occur: you fail to pay the Membership fees or charges for health care services when due; you fail to abide by the terms and conditions of your insurance coverage; or you fail to abide by the policies of Member Plus Family Health. At termination of your membership for whatever reason whether initiated by you or by the Practice, any fees you may have paid in advance will be prorated based on the number of days you have participated in the Practice and returned to you.

9. Application Acceptance and Waiting Lists. This application becomes effective as an application when it and all attached documents requiring signature are signed by you and delivered to the Practice. It will become the member agreement you have with the Practice when it is accepted and signed by the practice and delivered back to you. It is the policy of the Practice to maintain a balanced patient census among seniors, middle-aged persons, young people, and families with children.

If this application is received after one of these categories is closed, we will notify you and ask if you want to be put on a waiting list. If you are on a waiting list we will notify you when there is an opening. There is no charge for remaining on the waiting list.

10. Governing Law. This Agreement shall be governed by and construed in accordance with the laws of the State of Washington, and if any provision is held to be invalid or unenforceable, the remaining provisions shall nevertheless continue in full force and effect, unless the provisions held invalid or unenforceable shall substantially impair the benefits of the remaining portions of this Agreement.

The undersigned agrees to the terms of this Agreement.

APPLICANTS SIGNATURE:	ACCEPTED BY:
	DATE:
NAME (Please Print)	
DATE	