

## **DIRECT PRIMARY CARE PATIENT AGREEMENT**

### **aLine Health, LLC.**

This is an Agreement between aLine Health, LLC (“Practice”), a Louisiana limited liability company, located at \_\_\_\_\_, Dr. Mary (Mandy) Crow (“Physician”). and \_\_\_\_\_, (“You” or “**Patient**”).

### **Background**

The Physician, practices family medicine, delivers care on behalf the Practice in Shreveport, Louisiana. In exchange for certain fees paid by You, the Practice, through its Physician(s), agrees to provide Patient with the Services described in this Agreement on the terms and conditions set forth in this Agreement. The practice website is [alinehealthdpc.com](http://alinehealthdpc.com) .

### **Definitions**

**1. Patient.** A patient is defined as those persons for whom the Physician and/or the Practice shall provide Services, and who are signatories to, or listed on the documents attached hereto as Appendix 1, and incorporated by reference, to this Agreement.

**2. Services.** As used in this Agreement, the term Services, shall mean a package of ongoing primary care services, both medical and non-medical, and certain other amenities (collectively “Services”), which are offered by Practice, and set forth in Appendices 1 and 2 attached hereto. The Patient will be provided with methods to contact the Physician via phone, email, and other methods of electronic communication. The Physician will make every effort to address the needs of the Patient in a timely manner, but cannot guarantee availability and cannot guarantee that the Patient will not need to seek treatment in the urgent care or emergency department setting.

**3. Fees.** In exchange for the services described herein, the Patient agrees to pay the Practice, the amount as set forth in Appendices 1 and 2, attached hereto. Applicable enrollment fees are payable upon execution of this Agreement. If this Agreement is terminated by either party before the end of an applicable monthly period, then the Practice shall seek only partial payment for the final month of service based on the number of days of membership provided to the patient and the itemized charges, set forth in Appendix 2, for services rendered to the Patient up to the date of termination.

**4. Non-Participation in Insurance.** Patient acknowledges that neither the Practice nor the Physician participate in any health insurance or HMO plans. The Physician has opted out of Medicare. The Patient acknowledges that federal regulations REQUIRE that the Physician opt out of Medicare so that Medicare patients may be seen by the Practice pursuant to this Agreement. Neither the Practice nor the Physician makes any representations regarding third party insurance reimbursement for fees paid under this Agreement. The Patient shall retain full and complete responsibility for any such determination. If the Patient is

eligible for Medicare, or during the term of this Agreement becomes eligible for Medicare, then Patient will sign the agreement attached hereto as Appendix 3. This Agreement acknowledges your understanding that the Physician has opted out of Medicare, and as a result, Medicare cannot be billed for any services performed for You by the Physician or the Practice. You agree not to bill Medicare or attempt Medicare reimbursement for any such services.

**5. Insurance or Other Medical Coverage.** The Patient acknowledges and understands that this Agreement is not an insurance plan and is not a substitute for health insurance or other health plan coverage (such as membership in an HMO). It will not cover hospital services or any services not directly provided by the Practice, or its Physician. The Patient acknowledges that the Practice has advised that the Patient obtain or keep in full force such health insurance policy(ies) or plans that will cover Patient for general healthcare costs. The Patient acknowledges that THIS AGREEMENT IS **NOT** A CONTRACT THAT PROVIDES HEALTH INSURANCE, taken alone does NOT meet the insurance requirements of the Affordable Care Act, and is not intended to replace any existing or future health insurance or health plan coverage that Patient may carry. This Agreement is only for the Services set forth in Appendices 1 and 2, and the Patient may need to visit the emergency room or urgent care from time to time. The Physician will make every effort to be available on a reasonable basis via phone, email, other methods such as “after hours” appointments when appropriate, but the Physician cannot guarantee availability.

**6. Term.** This Agreement will commence on the date it is signed by the Patient and the Physician and Practice below and will renew on a monthly basis unless notice of termination is given. Notwithstanding the above, both Patient and Practice shall have the absolute and unconditional right to terminate the Agreement, without the showing of any cause for termination. The Patient may terminate the agreement with twenty-four hours prior notice, but the Practice shall give thirty days prior written notice to the Patient and shall provide the patient with a list of other Practices in the community in a manner consistent with local patient abandonment laws. Unless previously terminated as set forth above, at the expiration of the initial one-month term (and each succeeding monthly term), the Agreement will automatically renew for successive monthly terms upon the payment of the monthly fee at the end of the contract month. Examples of reasons the Practice may wish to terminate the agreement with the Patient may include but are not limited to:

The Patient fails to pay applicable fees owed pursuant to Appendices 1 and 2 per this Agreement;

- a. The Patient has performed an act that constitutes fraud;
- b. The Patient repeatedly fails to adhere to the recommended treatment plan, especially regarding the use of controlled substances;
- c. The Patient is abusive, or presents an emotional or physical danger to the staff or other patients of the Practice;
- d. The Practice discontinues operation; and
- e. The Practice has a right to determine whom to accept as a patient, just as a patient has the right to choose his or her physician. The Practice may also

may terminate a patient without cause in compliance with applicable patient abandonment laws.

**7. Privacy & Communications.** You acknowledge that communications with the Physician using e-mail, facsimile, video chat, instant messaging, and cell phone are not guaranteed to be secure or confidential methods of communications. The Practice and the Physician will make an effort to secure all communications via passwords and other protective means and these will be discussed in an annually updated Health Insurance Portability and Accountability Act (HIPAA) "Risk Assessment." The Practice will make an effort to promote the utilization of the most secure methods of communication, such as software platforms with data encryption, HIPAA familiarity, and a willingness to sign HIPAA Business Associate Agreements. This may mean that conversations over certain communication platforms are highlighted as preferable based on higher levels of data encryption, but many communication platforms, including email, may be made available to the Patient. If the Patient initiates a conversation in which the Patient discloses "Protected Health Information (PHI)" on one or more of these communication platforms then the Patient has authorized the Practice to communicate with the Patient regarding PHI in the same format.

**8. Severability.** If for any reason any provision of this Agreement shall be deemed, by a court of competent jurisdiction, to be legally invalid or unenforceable in any jurisdiction to which it applies, the validity of the remainder of the Agreement shall not be affected, and that provision shall be deemed modified to the minimum extent necessary to make that provision consistent with applicable law and in its modified form, and that provision shall then be enforceable.

**9. Reimbursement for Services if Agreement is Invalidated.** If this Agreement is held to be invalid for any reason, and if Practice is therefore required to refund all or any portion of the monthly fees paid by Patient, Patient agrees to pay the Practice an amount equal to the fair market value of the Services actually rendered to Patient by the Physician or the Practice during the period of time for which the refunded fees were paid.

**10. Assignment.** This Agreement, and any rights the Patient may have under it, may not be assigned or transferred by the Patient.

**11. Governing Law and Jurisdiction.** This Agreement shall be governed and construed under the laws of the State of Louisiana. The exclusive venue and jurisdiction for all disputes arising out of or related to this Agreement or any Services provided to the Patient by the Practice or the Physician shall be a court of competent jurisdiction located in Caddo Parish, Louisiana.

**12. Patient Understandings (initial each):**

\_\_\_\_\_ I understand that this Agreement is for ongoing primary care and is NOT  
\_\_\_\_\_ a medical insurance agreement.

\_\_\_\_\_ I do NOT have an emergent medical problem at this time.

- \_\_\_\_\_ In the event of a medical emergency, I agree to call 911 first.
- \_\_\_\_\_ I understand that neither the Practice nor the Physician will file or fight any third-party insurance claims on my behalf.
- \_\_\_\_\_ I understand that the Physician will not prescribe chronic controlled substances on my behalf.  
(These include commonly abused opioid medications, benzodiazepines, and stimulants.)
- \_\_\_\_\_ In the event I have a complaint about the Practice I will first notify the Practice directly.
- \_\_\_\_\_ I understand that this Agreement (without a “wrap around” compliant insurance policy) does not meet the individual insurance requirement of the Affordable Care Act.
- \_\_\_\_\_ I am enrolling (myself and my family if applicable) in the Practice voluntarily.
- \_\_\_\_\_ I may receive a copy of this document upon request.
- \_\_\_\_\_ This Agreement is non-transferable.

Patient Name: \_\_\_\_\_

Patient (or Guardian) Signature: \_\_\_\_\_ Date:  
\_\_\_\_\_

Physician Name: \_\_\_\_\_

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

## **APPENDIX 1 aLine Health Periodic & Enrollment Fees**

This Agreement is for ongoing primary care. This Agreement is NOT HEALTH INSURANCE and is NOT A HEALTH MAINTENANCE ORGANIZATION. The Patient may need to use the care of specialists, emergency rooms, and urgent care centers that are outside the scope of this Agreement. Each Physician within the Practice will make an appropriate determination about the scope of primary care services offered by the Physician. Examples of common conditions we treat, procedures we perform, and medications we prescribe are listed on our website and are subject to change.

### **Fee Schedule**

Enrollment Fee - The Enrollment Fee is charged when the Patient enrolls with the Practice and is nonrefundable. This fee is subject to change. If a Patient discontinues membership and wishes to re-enroll in the Practice, we reserve the right to decline re-enrollment or to require that the re-enrollment fee reflect an amount equivalent to the months of absent payments when dis-enrolled from the Practice.

Your Enrollment fee is \$100.00.

Monthly Periodic Fee (billed at the end of the service period) - This fee is for ongoing primary care Services. This fee includes office visits at the location described above. Your number of virtual visits (e-mail, electronic, phone) are not capped. We prefer that you schedule visits more than 24 hours in advance when possible. Some ancillary services will be passed through "at cost" (no markup by us). Examples of these ancillary services include dispensed medications and these are described in Appendix B. Many services available in our office (such as EKGs) are available at no additional cost to you. Items available at no additional cost will be available at the Practice and are subject to change.

The monthly periodic fee is \$85.00 per month (due on the 1<sup>st</sup> or 5<sup>th</sup> of the month starting after the initial primary care has been provided).

The monthly periodic fee will be billed on the 1<sup>st</sup> or 5<sup>th</sup> of the month following your enrollment (after the ongoing primary care has been provided) and the patient is entitled to leave the practice at any time and be assigned a prorated final bill based upon the date of withdrawal from the practice.

### After-Hours Visits

There is no guarantee of after-hours availability. This Agreement is for ongoing primary care, not emergency or urgent care. The Physician will make reasonable efforts to see you as needed after hours if the physician is available.

### Acceptance of Patients

The Practice and the Physician reserve the right to accept or decline patients based upon our capability to appropriately handle the patient's primary care needs. We may decline new patients pursuant to the guidelines proffered in Section 6 (Term), because the Physician's panel of patients is full (capped at 650 patients or fewer), or because the patient requires medical care not within the Physician's scope of services.

## **APPENDIX 2 aLine Health Itemized Fees**

Ongoing Primary Care is included with the Periodic Fee described in Appendix 1. Please see a list of some of the chronic conditions we routinely treat on the Practice website (subject to change). There are no itemized fees for office visits.

In-Office Procedures that are included in the Services provided to the Patient are available at the Practice and will be discussed at enrollment. Those procedures are available at no additional cost to the Patient unless otherwise designated, and these are also subject to change. Procedures that do require an additional charge will be explained before any procedure is done.

Laboratory Studies will be performed at an offsite location. The fees for laboratory studies will be paid by the Patient at the time the orders are given.

Medications will be ordered in the most cost-effective manner possible for the Patient. When the Practice of the Physician dispenses medications in the office, those medications will be made available to the patient at wholesale cost. Examples of commonly dispensed medications and their prices (subject to change) are available upon request. There is a small fee added for bottles, software, and labeling.

Pathology Studies (most commonly skin biopsies) will be ordered in the most economical manner possible for the Patient. Anticipated prices for these studies (subject to change) are available at the Practice and will be provided before studies are sent for pathology review.

Radiology studies will be ordered in the most cost-effective manner possible for the Patient. Commonly ordered radiologic studies and prices (subject to change) are located at the Practice.

Specialist consults will be ordered in the most cost-effective manner possible for the Patient.

Vaccinations are NOT offered in by the Practice at this time due to the cost prohibitive nature of stocking a limited supply. The Practice and the Physician will make an effort to help you obtain needed vaccinations else ware in the most cost-effective manner possible.

Hospital Services are NOT included in the Ongoing Primary Care provided by the Practice and the Physician pursuant to this Agreement. Due to mandatory "on call" duties required at local institutions, the Physician has elected NOT to obtain formal hospital admission privileges at this time.

Obstetric Services are NOT included in the Ongoing Primary Care Services provided by the Practice and the Physician pursuant to this Agreement. Pap Smears are available as recommended by ASCCP guidelines at no additional charge. There is an

additional fee for the pathologist. (fee available at the Practice and is subject to change)

**Appendix 3 aLine Health Medicare Patient Understandings**

This agreement is between aLine health, LLC (“Practice”), Dr. Mary Crow (“Physician”), and Medicare.

Beneficiary:

\_\_\_\_\_ (“Beneficiary”)

Who resides at: \_\_\_\_\_

With Medicare ID #: \_\_\_\_\_

The patient is a Medicare Part B beneficiary seeking services covered under Medicare Part B pursuant to Section 4507 of the Balanced Budget Act of 1997. The Practice has informed Beneficiary or his/her legal representative that Physicians at the Practice have opted out of the Medicare program. The Physicians in the Practice have not been excluded from participating in Medicare Part B under [1128] 1128, [1156] 1156, or [1892] 1892 of the Social Security Act.

Beneficiary or his/her legal representative agrees, understands and expressly acknowledges the following: (Initial Each)

\_\_\_\_ Beneficiary or his/her legal representative accepts full responsibility for payment of the physician’s charge for all services furnished by the physician.

\_\_\_\_ Beneficiary or his/her legal representative understands that Medicare limits do not apply to what the physician may charge for items or services furnished by the physician.

\_\_\_\_ Beneficiary or his/her legal representative agrees not to submit a claim to Medicare or to ask the physician to submit a claim to Medicare.

\_\_\_\_ Beneficiary or his/her legal representative understands that Medicare payment will not be made for any items or services furnished by the physician that would have otherwise been covered by Medicare if there was no private contract and a proper Medicare claim had been submitted.

\_\_\_\_ Beneficiary or his/her legal representative enters into this contract with the knowledge that he/she has the right to obtain Medicare-covered items and services from physicians and practitioners who have not opted out of Medicare, and the beneficiary is not compelled to enter into private contracts that apply to other Medicare-covered services furnished by other physicians or practitioners who have not opted out.

\_\_\_\_ Beneficiary or his/her legal representative understands that Medi-Gap plans do not, and that other supplemental plans may elect not to, make payments for items and services not paid for by Medicare.

\_\_\_\_ Beneficiary or his/her legal representative acknowledges that the beneficiary is not currently in an emergency or urgent health care situation.



\_\_\_\_ Beneficiary or his/her legal representative acknowledges that a copy of this contract has been made available to him.

By: \_\_\_\_\_  
Medicare Beneficiary or his/her legal representative

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

By: \_\_\_\_\_  
On behalf of aLine Health, LLC

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

By: \_\_\_\_\_  
Dr. Mary (Mandy) Crow

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