

## Direct Primary Care Member Agreement



## Healthcare Partners

COLLEGE OF NURSING | UNIVERSITY OF COLORADO

@BELLEVUE POINT

Your one time enrollment fee and membership fee provide you access to care at our Bellevue Point location.

<b>Primary Member Information:</b> This is also the person responsible for making payments and decisions regarding the membership.			
<b>Full Name:</b>			
<b>Date of Birth:</b>		<b>Gender:</b>	
<b>Mailing Address:</b> (street, city, state & zip code)			
<b>Physical Address:</b> (street, city, state & zip code)			
<b>Primary telephone:</b>		<input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Mobile <input type="checkbox"/> Other
<b>Secondary telephone:</b>		<input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Mobile <input type="checkbox"/> Other
<b>Primary email address:</b>			
<b>Secondary email address:</b>			
<b>Place of employment:</b>			
<b>Work address:</b> (street, city, state & zip code)			
<b>Work telephone:</b>			
<b>Emergency Contact Name:</b>		<b>Emergency Contact Relationship:</b>	
<b>Emergency Contact Phone Number:</b>			
<input type="checkbox"/> <b>5% discount for paying 1 year in full for Member #1</b>			
<b>Additional Member Information:</b>			
<b>Member #2 Full Name:</b>		<input type="checkbox"/> <b>5% discount for paying 1 year in full #2</b>	
<b>Date of Birth:</b>		Gender:	
<b>Member #3 Full Name:</b>		<input type="checkbox"/> <b>5% discount for paying 1 year in full #3</b>	
<b>Date of Birth:</b>		Gender:	
<b>Member #4 Full Name:</b>		<input type="checkbox"/> <b>5% discount for paying 1 year in full #4</b>	
<b>Date of Birth:</b>		Gender:	
<b>Do you need to add additional members?</b>		<input type="checkbox"/> Yes – if yes, must fill out additional DPC members form <input type="checkbox"/> No	

**Membership Fees & Payment Plans:**

- We require a 6 month commitment to join the DPC membership. Your membership will auto renew at the end of every 6 months unless we receive a cancellation notice.(see below for details)
- If you choose to pay 1 year in full, you will receive a 5% discount off the total annual cost.
- We accept cash, check, VISA, MasterCard or Discover card.
- There is a one-time enrollment fee per family. The enrollment fee will cover up to 6 members in a single family. Each additional member is \$5.
- Prior to receiving care in our clinic or prescription refills, your membership must be current and paid in full according to the payment plan you select below.
- Your bill will be due on the same day every month. You will have the option to have us automatically bill your credit card monthly or be billed monthly. (See below for late fee policies)

Membership fees are subject to change at the discretion of Healthcare Partners @ Belleview Point. You will be notified in writing at least 90 days prior to any membership fee change.

Age Range	Price per month	Price per year	Total after 5% discount
0-26 years	\$49	\$588	\$558
27-50 years	\$59	\$708	\$673
50+ years	\$79	\$948	\$900
One-time enrollment fee (up to 5 family members)	\$39		
<b>How would you like to be billed?</b>			
<input type="checkbox"/> <b>Monthly</b>		<input type="checkbox"/> <b>Annually</b> - a 5% discount will be applied for 1 year paid in advance (see table above)	
<b>How do you want to be billed?</b>		<input type="checkbox"/> Auto charge my credit card <input type="checkbox"/> Receive a monthly bill	
<b>Effective Date:</b> This is the date you can begin receiving care			
<b>Renewal Date:</b> Automatic every 6 months			

**Late Fee Policy:**

Late fees will be assessed as follows:

- 10 -40 days past due \$25 fee
- 40-60 days past due \$25 fee
- 60+ days past due membership will be terminated and must be paid in full to renew membership

**Returned Checks:**

It is the policy of the University of Colorado to assess a \$20 fee against any person when a check is returned for insufficient funds.

**Refund Policy:**

- This refund policy must be kept at the front desk and is available on the practice website.
- All requests for refunds must be routed to the operations manager for approval.
- The operations manager will respond to requests for refunds within 48 business hours of the request.
- If it is determined that a refund is warranted, the operations manager will notify the front desk staff.
- The operations manager and front desk staff will work together to process the refund.

- f. All refunds will be processed against original form of payment. If a credit card was the form of payment, a refund will be processed against the original credit card used for payment.

### **Cancellation Policy:**

You must notify us, in writing 30 days prior to cancellation.

Healthcare Partners @ Belleview Point administrators may terminate your membership with at least 30-days' notice in writing to the patient.

### **Renewal:**

Every 6 months we will auto renew your membership.

### **Scope of Coverage:**

Healthcare Partners @ Belleview Point is a home for the delivery of primary care and preventive health services. Below are examples of the healthcare services that will be covered by your membership fee. Your membership fee covers healthcare services rendered at the Healthcare Partners @ Belleview Point location. We are not health insurance provider. Any healthcare services you receive elsewhere, are subject to the costs of the service provider, insurance co-pays or co-insurance.

<b>Covered Services</b>	<b>Inclusions</b>
Annual Physical Exam	Annual Health Report
Annual Exam Bloodwork	Lipids, Hemoglobin A1c, Vitamin D level and Comprehensive Metabolic Panel
Annual Flu Vaccination	
Basic In-Office procedures	Casting, splinting, mole removal, wart treatment, skin tag removal and stitches
Childhood Vaccines	As recommended by the Centers for Disease Control (CDC)
Chronic Disease Management	
Coordination of Care	
EKGs (in-office)	
Follow-up Care	
Hearing Testing	
Integrated Behavioral Healthcare	5 total visits every 6 months - 1 with Psychiatric Nurse Practitioner and 4 with Licensed Clinical Social Worker – cash pay after all 5 visits are used.
In-office Labs	Fingerstick glucose, flu test, HbA1c, pregnancy test, strep test, urinalysis (as required)
Men's Health Visits	
Newborn & Infant Care	Newborn & infant vaccines as recommended by the CDC
Pediatric Health Visits	Pediatric vaccines as recommended by the CDC
Phone and Secure Email Access to Providers	Telehealth access as available
Pre-operative Physical Exams	
Pulse Oximetry	
Sports Physicals	
Travel Consultation	Not including travel vaccines
Wellness Visits	Smoking cessation assistance, nutrition counseling
Women's Health Visits	Including recommended PAP smear testing
Well Child Exams	

**Services available at cost or discounted rate for members only:**

Service	Details
Lab Fees	All labs (except those included in Annual Physical Exam) will be billed to the patient.
Vaccination costs	All vaccinations (except those included in infant and pediatric care and the annual flu vaccine for all ages) will be billed to the patient.
Behavioral Health Visits	You are entitled to 5 total visits every 6 months - 1 with our Psychiatric Nurse Practitioner (medication management) and 4 with Licensed Clinical Social Worker (therapy). Patient will be billed cash rates after all 5 visits are used.

**Services not covered by monthly fee:**

Exclusions
Aesthetic Procedures
Emergency Room Visits
Ambulance and/or Other transport costs
Hospitalizations
Radiology Services and Fees
Services Rendered Outside of HCP @ Belleview Point

**Restrictions:**

Due to regulatory restrictions, those who are eligible for Medicaid, Medicare or Tricare cannot take advantage of our Direct Primary Care membership. We welcome you as a patient in our clinic and we will bill your insurance as is done in a traditional primary care clinic.

**Advisements:**

Patients who are undergoing specialty care for complex or advanced stage diseases may not benefit from a direct primary care clinic membership. Examples of this may include: patients with cancer or who are receiving chemotherapy, patients with hepatitis C, multiple sclerosis, rheumatoid arthritis, etc. We take the health of our patients seriously and encourage patients access the appropriate level of care that suites their unique healthcare needs. (Title 2 of ADA – access to accommodations and part of Title 6 of Health Act – discrimination against disabled. ACA – pre-existing conditions).

**Additional Information:**

Pre-existing conditions to not disqualify you from becoming a member.

**If you are suffering an immediate healthcare crisis or emergency, please dial 911.**

The use of Flex Spending funds to pay for membership fees is at the discretion of the Flex Spending Account provider. Please consult your Flex Spending Account provider for more information.

The use of Health Savings Account funds to pay for membership fees is at the discretion of the Internal Revenue Service. Please consult a tax specialist for more information.

For questions about insurance coverage, please consult a qualified health insurance broker. Check with your employer if you have questions about your employee sponsored benefits and insurance. Other reputable resources are listed below:

Professional Independent Insurance Agents of Colorado:  
[www.piiac.com](http://www.piiac.com)  
National Association of Health Underwrites: (click on find an agent)

[www.nahu.org](http://www.nahu.org)  
Connect for Health Colorado:  
[www.connectforhealthco.com](http://www.connectforhealthco.com)

**General Consent to Treatment:** (please initial)

\_\_\_\_\_ *Having come to CU Healthcare Partners @ Belleview Point for evaluation or treatment, I (or my authorized representative on my behalf) hereby consent to and authorize CU Healthcare Partners @ Belleview Point and other staff members involved in my care to administer such diagnostic procedures, treatment or both as they may consider advisable to maintain my health and to assess and to evaluate and treat my injury or illness. I understand that the provider responsible for my care has the responsibility to explain to me the purpose, the benefits and the most common risks involved in the diagnosis and treatment of my illness or injury, as well as alternative available courses of treatment, and I understand that I have the right to refuse any suggested examination, test or treatment.*

**Right to Refuse Treatment:** (please initial)

\_\_\_\_\_ *In giving my general consent to treatment, I understand that I retain the right to refuse any particular examination, test, procedure, treatment, therapy or medication recommended or deemed medically necessary by my individual treating health care providers. I also understand that the practice of medicine is not an exact science and that no guarantees have been made to me as to the results of my evaluation and/or treatment.*

**Financial Responsibility:** (please initial)

\_\_\_\_\_ I agree to the terms outlined in this membership contract. I agree to pay the total amount due today. I agree to pay the total membership dues according to my payment plan outlined above.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Patient Name

\_\_\_\_\_  
Healthcare Partners @ Belleview Point Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Healthcare Partners @ Belleview Point Representative Name