



Membership Information

Financially Responsible Person: _____

Preferred phone: _____

Email for monthly payment reminder: _____

Name	Date of Birth

Household Participants

Including financially responsible person if applicable. Household participant members may include dependent children not living at home and those individually approved by Dr. Lindy.

Membership Plan

Check the box for the membership(s) you are joining. If multiple people, please indicate with a number in the box.

Membership Plan:

- Ages 0 <17 \$45/month (each additional child at same address is \$10)
- Ages 18-27 \$60/month
- Ages 28-64 \$120/month
- Ages 65+ \$135/month
- College Plan: \$50/month (full time students)
- Home Visit Plan: \$225/month (within 10-mile radius of office)
- One time 60 Minute Consultation: \$300
- One time 90 Minute Consultation: \$450

Initial enrollment fee of \$50 per person, up to 2 people/household.

Discounts

Couples / Family Rate: 15% savings on total monthly cost

Family Maximum: \$269/month

By signing below, I assume financial liability for the monthly membership fees of the above-named individuals as well as any costs incurred during the course of their care as outlined in the attached agreement.

Signed _____ Date _____
(Financially responsible Person)

Letter of Agreement for Membership

Dear Partner in Health,

I am delighted that you have chosen to participate in the DR. LINDY MD Membership Program. The Membership Program provides participants comprehensive primary care services for a simple monthly price.

Insurance

The membership program is **not** comprehensive health insurance. I supply specific primary care services and your membership at DR. LINDY MD makes those services I provide available to you for a single low monthly cost. DR. LINDY MD does not bill insurance plans for any of the care you receive.

Primary Care received at DR. LINDY MD does not go toward your insurance deductible and you will not be required to pay co-pays. You still need to have health insurance to cover any catastrophic medical expenses you may incur and to meet the requirements of the Affordable Care Act and avoid paying a penalty.

What Is Included and How It Works

As a DR. LINDY MD member, you will receive almost unlimited and appropriate office-based primary health care services provided by me, Dr. Lindy, at no additional charge for my services. This includes well/preventive visits, sick visits, chronic disease management, lifestyle recommendations and monitoring, certain urgent care (that does not require imaging or other supplies I don't have available), follow-up visits, basic wound care, suturing that does not require a surgeon, basic skin biopsies, spirometry with interpretation, as well as appropriate phone consultations/visits and web portal messaging (secure email). Injectable medicines used in the visit may be charged at wholesale cost.

On the occasion that I am out of town, I will arrange for another health care provider to see you under the terms of your membership unless I feel it would be more appropriate for you to wait for my return or to be seen at an urgent care or ER. Because I count on membership fees rather than being dependent on insurance reimbursement, I am able to offer phone visits to members whenever medically appropriate to allow you the convenience of staying home or avoiding an extra stop in your busy day. I provide same-day or next-day availability to members in the event of acute illness or urgent medical need Monday through Friday except

holidays and weekends, if appropriate. *In a life threatening emergency, call 911!*

For non-urgent matters, such as wellness or preventive visits, follow-up visits and medication refills, I will do my best to provide same day or next business day visits.

Also, included in your DR. LINDY MD Membership

Basic labs include U/A and A1C. Further labs will be available possibly with a discount depending on the labs. Insured patients, we can do labs anywhere using the insurance card however we will not bill the insurance company. For those without insurance, we will help you navigate the available options. Stay tuned for additional lab and x-ray pricing specifics.

What is Not Included

Membership benefits do not include any services provided by other health care providers, institutions, or organizations. Specialists, hospital and emergency room visits, imaging, laboratory testing, vaccinations, medications, and other care not listed here are not included in your membership. You, the member, are responsible for the charges for all the services, supplies, medication, and equipment that are not provided in my primary care office. If you have insurance, these outside services may bill your insurance, but you must arrange this with them yourself.

Membership Fees

Your benefits of membership begin on the day of the month for which your registration fee is paid (\$50), along with your first monthly membership payment. Subsequent monthly payments will be billed automatically, and are due on the same day of the month as your membership activation date. Each billing period is set up on the Hint Health site. This is a secure online enrollment / billing tool we use to keep our costs low (unless other arrangements have been made).

DR. LINDY MD will cancel the membership of patients who miss payment for more than two (2) consecutive months but will send out a thirty (30) day prior written notice alerting the member to any payment issues prior to cancelling the agreement. Patients who choose to reinstate their membership(s) will need to pay a \$125 reinstatement fee. DR. LINDY MD may choose to (add or discontinue) services or change the fee schedule and if so, you will receive written notice at least sixty (60) days prior to any changes taking effect.

Termination; Renewal

Membership in DR. LINDY MD is designed and intended to be continuous, though you may terminate your membership at any time. If you terminate your membership, you will have pay a \$50 reinstatement fee.

DR. LINDY MD will reimburse you any fees collected in advance for the month(s) following the termination of membership. Please request the termination with 30 days' prior written notice. DR. LINDY MD does not offer prorated refunds for partial months.

Final Statements

This is a private letter of agreement between DR. LINDY MD and you/your family. This letter (signed by each responsible party) and attached list of household members signed by the household's financially responsible person constitutes the full terms of your membership. DR. LINDY MD may exclude or terminate any individual or household from participation in the Membership Program. This agreement is not an insurance policy and contains no obligations, explicit or implied, outside of those outlined above. Either party may terminate this membership agreement at any time with 30 days' written notice to the other.

Communication

A secure portal is preferred through the electronic medical record called Passport. Email and text may be used; however, you must know they are not secure. If you choose to send your information through email or text, you agree that you are using it knowing it is not secure. If you want to ensure a secure message, you must use the portal that you will sign up with.

Please do not use Facebook or other social media even if we have done this in the past. This will streamline where I am looking for messages and your response will be more timely.

Sincerely,

Lindy (Linda) A Burnham, MD, FAAFP

Accepted by: _____
Signature of Patient Printed Name Date
Or financially responsible person

Accepted by: _____
Signature of Dr Lindy MD Printed Name Date