

## Eastside Direct Primary Care Membership Agreement

- I acknowledge and understand that I am voluntarily becoming an Eastside Direct Primary Care, LLC ("Eastside DPC, LLC") member for primary care services on behalf of myself or individuals for whom I am a parent or legal guardian. I understand that this agreement is non-transferrable.
- I have received and reviewed the "Member Services Guide", which describes the types of services provided. I have had the opportunity to ask questions and receive answers about its content.
- I acknowledge and understand that the membership fee is paid in consideration for the services outlined in the Member services Guide. I understand that if my care requires services or supplies that are not included in my membership, the fees for these services or supplies will be discussed with me in advance and I will be responsible to pay these fees in full at the time of service.
- I acknowledge and understand that this agreement does not provide comprehensive health insurance coverage, nor is it a contract of insurance; it only provides for primary care health care services as specifically described in the Member Services Guide. I recognize that I am encouraged to obtain conventional private individual, catastrophic or comprehensive health insurance.
- I acknowledge and understand that the fee paid to Eastside DPC, LLC does not cover the cost of prescription drugs, hospital costs, major surgery, dialysis, high level radiology (CT, MRI, ultrasound), rehabilitation services or procedures requiring general anesthesia, or similar advanced procedures, services or supplies tan that I am responsible for any charges incurred for those services performed outside of Eastside DPC, LLC.
- I acknowledge and understand that Eastside DPC, LLC will not bill and insurance carrier, Medicare or Medicaid for any services provided.
- I acknowledge and understand that if I am enrolled in Medicare, I will receive a copy of the "Medicare Opt-Out Agreement" for review and signature at my first appointment.
- I acknowledge and understand that to become an Eastside DPC, LLC member, I must submit my first month's membership fee with my enrollment forms, which shall include my authorization for automatic payment of my membership fee.

- I acknowledge and understand that my membership fee will be automatically transferred from my selected choice of payment on the same day of the month that my membership was accepted by Eastside DPC, LLC. This day of the month is considered to be the beginning of that month's services. In the event that payment is not received before the fourteen-day grace period, Eastside DPC, LLC will notify me through my given contact information and will charge a \$25 late fee.

- I acknowledge and understand that Eastside DPC, LLC may add or discontinue services included in the fee or increase my fee schedule at any time (but no more than once annually,) and that I will be given at least sixty (60) days' notice of fee schedule changes.

- I acknowledge and understand that Eastside DPC, LLC may cancel this Member Agreement for cause due to non-payment of fees or for unruly, threatening, or inappropriate behavior by providing me written notice. Eastside DPC, LLC will not cancel this Member Agreement solely on the basis of health status.

- I acknowledge and understand that I am free to cancel this Member Agreement at any time by providing written notice to Eastside DPC, LLC 8666 Beechmont Ave. #1011, Cincinnati, OH 45255. Fees will continue to accrue until the written cancellation is received.

- I acknowledge and understand that if I cancel this Member Agreement, I may not reenroll until 12 months after the date of my written cancellation and I must submit a registration fee of \$100 along with the other requirements of enrollment. Eastside DPC, LLC makes no representations that I will be able to reenroll at some future date.

By my signature below, I agree to become an Eastside Direct Primary Care member and I agree to the terms outlined in this Member Agreement. Parents or guardians of members under age 18 may sign on their behalf as their representative. A separate registration must be completed for each patient in a family. This Member Agreement will become effective when fully signed by the prospective Member and accepted by Eastside DPC, LLC.

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

Member Name: \_\_\_\_\_

Signature by : \_\_\_\_ Member \_\_\_\_ Parent \_\_\_\_ Legal Guardian