



INDIVIDUAL AND FAMILY DIRECTCARE MEMBERSHIP

Dear Prospective Patient,

Genesis Family Health Center is proud to offer a new optional service for your primary healthcare needs. For a standard monthly fee, GENESIS **DIRECTCARE** can provide your primary care office needs throughout the year. Given the increasingly high cost of many insurance plan deductibles, GENESIS **DIRECTCARE** offers you a viable means to contain the progressively high costs of health care.

Membership Rates:

Individual	\$65.00 per month
Couple	\$120.00 per month
Family	\$150.00 per month

Membership agreements are for one (1) year and can be renewed annually. There are no hidden fees. You can have as many scheduled office visits throughout the year as necessary. Need to see a physician within a day or two? Just pick up the phone and let us know. Need an annual physical or sports physical? The exam is already included as part of your monthly fee (labs or ancillary testing is normally billed to your insurance provider). Have special forms that need completion? Get them done at no charge. For a monthly membership fee, practically all of your primary care needs can be addressed with minimal wait and minimal hassle. It's personalized care that is affordable and direct to you.

Did you know that approximately 40-50% of every healthcare dollar you spend goes towards the cost of insurance billing and administrative services? With **GENESIS DIRECTCARE**, there is no insurance involved, so the savings are passed along directly to you. This model of health care allows us to offer services at lower costs than most medical offices who participate with third party payer (insurance) plans. If you are tired of dealing with co-pays, co-insurances, meeting deductibles and rising rates, then this program is for you! It's a throwback approach to medicine that brings the patient and health care provider back together for more affordable, personalized care.

Come experience what a Christian based direct care medical practice can do for you. At Genesis Family Health Center, it's all about you and your health care needs. Become a member today and enjoy the benefits you've been missing!

The following is an example of services covered by your GENESIS *DIRECTCARE* membership:

Primary Care

Genesis Family Health Center can provide chronic disease management for diabetes, heart disease, asthma, arthritis, hypertension, hyperlipidemia, thyroid disease and many other chronic conditions. Procedures such as joint injections and wart removal are included. If your condition changes and you require more specialized care, we will refer you to an appropriate specialist healthcare provider.

Urgent Care

Genesis Family Health Center can provide appointments within 48 hours or less for more immediate medical needs. Some examples are colds, flu, minor accidents, lacerations, falls, x-rays and most conditions that **DO NOT** require emergency room or hospital care. Most anesthetic injections done in the office are typically covered as well. If your level of care requires a greater level of service that our office can provide, you will be referred to an appropriate healthcare provider.

Preventative Care

Genesis Family Health Center provides care for annual physical exams*, weight loss management, family planning and lifestyle coaching. If laboratory or radiological testing is needed, we will order the appropriate study for you (these are typically billed under your medical insurance plan).

Services NOT included in *DIRECTCARE* membership:

Chronic Pain Management	Colonoscopy
Immunizations	Endoscopy
Cosmetic Surgery	Mammograms
Home Health Care	Ultrasound
Maternity and Prenatal Care	CT Scan
Hospice Care	Bone Density Scan
Hospital Care	MRI
Marital & Family Counseling	X-rays
Dental Care	Labs
Vision Care	
Worker's Compensation	



DIRECTCARE MEMBERSHIP APPLICATION

_____ INDIVIDUAL MEMBERSHIP

_____ PATIENT + SPOUSE

_____ FAMILY MEMBERSHIP

Please choose payment type: 0 Credit Card 0 Debit Card 0 Checking Acct

0 Visa _____ 0 MasterCard Card Number: _____ CID _____

Name on card: _____ Expiration: _____ / _____

Card billing address: _____ City: _____ State: _____ Zio: _____

Genesis DIRECTCARE Medical Fees

Your monthly fee covers all the services in the Genesis **DIRECTCARE** information sheet. At times, however, your care *may* require services that are not routinely covered. If so, you will be notified in advance and if elected, you will be responsible for these charges. In all cases, services not covered under the monthly care fee will be discussed with you and payment will be required prior to receipt of services, unless they are included as part of your insurance plan (e.g. radiological studies, labs, etc.)

Authorization for recurring transaction

- By signing below, I hereby authorize **Genesis DIRECTCARE** to initiate my credit/debit card for my membership fee.
- This authorization to perform monthly charges to my credit/debit card will remain in full force and effect until **Genesis DIRECTCARE** has received written notification from me of termination of service agreement contract according to the termination guidelines set forth in the patient agreement terms.
- I understand that my membership with **Genesis DIRECTCARE** is continuous and the recurring credit/debit card charges are authorized and will continue until I give written notice to **Genesis DIRECTCARE** to discontinue my membership.
- I understand that **Genesis DIRECTCARE** must receive written notice 15 days before my calendar year renewal date to cancel.
- I understand and authorize that a \$50.00 fee will be charged to me for declined credit or debit card transactions that are not honored.

Account Holder Signature: _____ Date: _____

Genesis DIRECTCARE

Patient Agreement and Disclosure Statement

1. Terms

I acknowledge and understand that I am voluntarily becoming a **Genesis DIRECTCARE** patient.

I have reviewed the patient information sheet, which describes the types of services provided and not provided, as well as the general policies of **Genesis DIRECTCARE**. I had the opportunity to ask questions and receive answers regarding the content.

I understand that this membership does not provide comprehensive health insurance coverage nor is it a contract of insurance; the membership provides only the healthcare services specifically described in the **Genesis DIRECTCARE** patient services guide that are typically rendered within the medical office.

CHRONIC PAIN MANAGEMENT IS NOT PROVIDED BY *Genesis DIRECTCARE*.

I understand that **Genesis DIRECTCARE** has the right to refer me to the emergency room or other healthcare specialist that is beyond the patient services offered at **Genesis DIRECTCARE**.

I understand that I am responsible for any charges incurred for healthcare services performed outside of **Genesis DIRECTCARE** including but not limited to emergency room, hospital, laboratory, radiology and specialist care services. **Genesis DIRECTCARE** encourages patients to maintain insurance for healthcare services not covered by **Genesis DIRECTCARE**.

I understand that **Genesis DIRECTCARE** will maintain the privacy of my health information in accordance with HIPPA guidelines.

I agree to pay my monthly care fee setup through electronic auto pay with Visa, MasterCard, bank debit card, HSA card, FSA card or bank draft. I understand that if the auto payment is declined that a service fee of \$50.00 will be charged and that my service agreement may be terminated.

I understand that my membership with *Genesis DIRECTCARE* is for the term of one calendar year and cannot be terminated prior to the completion of the initial service agreement year. I understand that my membership agreement will automatically renew each calendar year thereafter, unless I request cancellation in writing at least 15 days before the next billing cycle. I understand that anytime after one year of membership I am free to terminate my membership by providing written notice to **Genesis DIRECTCARE** at least 15 days prior to the next billing cycle.

I understand that **Genesis DIRECTCARE** may terminate this patient agreement at any time by giving me a 30 day written notice. **Genesis DIRECTCARE** will not terminate this agreement solely on the basis of health status.

I understand that **Genesis DIRECTCARE** may add or discontinue services included in the monthly care fee at anytime, and that I will be given written notice of such changes.

I understand that if the contract is terminated before the actual termination date, full payment to the end of the contract date is due immediately.

1. Rights and Responsibilities

- I understand that I have the right to considerate, respectful, and nondiscriminatory care from **Genesis DIRECTCARE** providers and staff. I also understand that, in turn, I am responsible for communicating clearly and respectfully my wants and needs with regard to my healthcare and the services I receive. If I should become dissatisfied with the care of **Genesis DIRECTCARE**, I agree to notify **Genesis DIRECTCARE** immediately so my concerns can be addressed in a timely manner.
- I understand that I have the right to talk in confidence with my **Genesis DIRECTCARE** provider and to have my healthcare information protected.
- In order to receive the best possible care, I agree to be actively involved in my healthcare decisions and to disclose all relevant information so that they can help me achieve my health goals.

_____ Initials

2. Patient Signature

By my signature below, I agree to become a member of **Genesis DIRECTCARE** and I agree to the terms outlined in this Patient Agreement. (Parents or guardians of patients under 18 may sign on their behalf as their representative.)

Signature: _____

Printed Name: _____

Date: _____

Patient Information

First Name: _____ MI _____ Last Name: _____

Birthdate: _____ Circle one: Male Female Spouse Child

Patient Information

First Name: _____ MI _____ Last Name: _____

Birthdate: _____ Circle one: Male Female Spouse Child

Patient Information

First Name: _____ MI _____ Last Name: _____

Birthdate: _____ Circle one: Male Female Spouse Child

Patient Information

First Name: _____ MI _____ Last Name: _____

Birthdate: _____ Circle one: Male Female Spouse Child