

MEMBER AGREEMENT

U.P. North Family Medicine DPC, PLLC



MEMBER REGISTRATION—MEDICAL RETAINER AGREEMENT

This Medical Retainer Agreement is made on [TO BE COMPLETED BY U.P. NORTH FAMILY MEDICINE] _____
("Effective Date") by and between U.P. North Family Medicine, DPC, PLLC physically located at 127 Arbutus Ave. (mailing
address of P.O. Box 5), Manistique, MI 49854 ("U.P. North Family Medicine") and the undersigned.

1. Member contact information.

Patient name

Date of Birth

Address (including City, State and Zip Code)

Email

☐ The undersigned is the Member.

☐ If the Member is not a competent adult, the undersigned is the ☐ parent or ☐ guardian of the Member and all references to
Member in this Agreement apply to the parent or guardian of the Member, as well.

This Agreement may not be transferred or assigned. The Member is responsible for informing U.P. North Family Medicine of any
change in Member contact information (e.g. mailing address, phone).

Member's preferred contact is: ☐ phone ☐ text ☐ email ☐ mail

MEMBER AGREEMENT

2. Insurance.

This Agreement is not health insurance.

U.P. North Family Medicine and the Member are prohibited from billing an insurer or other third-party payer for the services provided under the Agreement. U.P. North Family Medicine will not bill an insurance carrier, Medicare, or Medicaid for any services provided.

Member initials: _____

U.P. North Family Medicine highly recommends that Members maintain health insurance to cover the cost of their care since not all Member health care needs are covered by membership.

☐ I am enrolled in Medicare. I have received and signed the “Medicare Opt-Out Agreement.”

Member initials: _____

3. Services

U.P. North Family Medicine agrees to provide certain health care services to the Member for fees described in this Agreement during the Agreement term. U.P. North Family Medicine provides clinic-based primary care to its members through its physicians, including screening, assessment, diagnosis, and treatment for the purpose of promotion of health or the detection and management of disease or injury. Office visits are included in the monthly regular membership fee. Ala cart membership carries a \$20/visit additional fee. The physician may refer the Member for care by a specialist, if indicated. Any care provided by the specialist is not covered by this Agreement. The physician may recommend clinic-based treatment or procedures that require supplies, laboratory analysis, or outside resources that are not covered by the membership fee. Prior to ordering services or supplies not covered by the membership fee, U.P. North Family Medicine will identify the non-covered services or supplies and provide an estimate of the cost. Prescriptions are not covered by this Agreement. Laboratory work, including routine blood screening or routine pathology screening, is performed by a laboratory that charges a separate fee to Members. The *Member Services Guide* specifies the health care services that are included in the Agreement. Any changes to the *Member Services Guide* will be provided in writing to the Member before the changes take effect.

Member must pay U.P. North Family Medicine for all services provided that are not specified as covered by the membership fee pursuant to the Agreement.

MEMBER AGREEMENT

4. Payment

The Registration Fee is \$250.00. U.P. North Family Medicine may choose to waive the initial Registration Fee at our sole discretion. The monthly fee for membership depends on the age of the member:

Full Membership	Ala Carte
Ages 0-18: \$25/month (requires 1 adult membership)	\$15/month (requires 1 adult membership) + \$10/visit fee
Ages 19-44: \$75/month	\$35/month + \$20/visit fee
Ages 45+: \$95/month	\$55/month + \$20/visit fee

Any credit card or electronic fund transfer fees, are paid in advance, whether or not the Member contacts U.P. North Family Medicine during the month. The fee schedule may change at any time (but not more than once annually), and with at least sixty (60) days' written notice of fee schedule changes. The Member must inform U.P. North Family Medicine of any changes to credit/debit card or bank account information. The Member understands that the Registration Fee will apply if this Membership is cancelled, and the Member seeks to reenroll. Reenrollment may not be available. Member signature below authorizes the payment selected.

Member initials: _____

5. Term and Termination

The Member is entitled to Services from the Effective Date until the earlier of (a) the date the Member's applicable monthly fee ceases, or (b) the date either U.P. North Family Medicine or the Member state in writing that the Agreement is terminated. If the Agreement is terminated mid-month, and the monthly fee has been paid, U.P. North Family Medicine will refund the unused portion of the fee within ten (10) business days. U.P. North Family Medicine will not cancel this Member Agreement solely on the basis of the Member's health status.

6. Time for service

U.P. North Family Medicine is not an emergency care clinic; in a medical emergency, call 911. Except for vacations or unexpected situations, U.P. North Family Medicine physicians will be available by phone, email, text and televisit. Physicians will try to respond to member messages delivered between 8 a.m. and 4 p.m. Monday thru Friday, within two hours. Response to messages delivered at other hours depend upon physician availability. Members will be provided advance notice of any extended physician unavailability, and Members are encouraged to utilize alternative services in the community, as appropriate, during those periods.

MEMBER AGREEMENT

7. Member Responsibilities:

Membership in U.P. North Family Medicine requires a commitment to ongoing health and wellness, including honest discussions between the Member and physician. Member agrees to disclose all information relating to health conditions and to actively collaborate with physician to understand treatment options and develop the best course of action and plan of care. Member agrees to be forthright regarding prescription medications and the use of them. Member agrees to arrive on time for appointments so that physician can spend the time necessary to address Member's concerns. Member agrees to call U.P. North Family Medicine at least 24 hours before an appointment if cancellation is necessary. All appointments require coordination with the physician, and U.P. North Family Medicine will make all reasonable efforts to accommodate appointment requests. Member agrees not to arrive unannounced for "walk-in" appointments.

8. Notices

All notices required by this Agreement will be provided in hand, in person, via e-mail, or via U.S. mail at the appropriate address listed in the opening paragraph for U.P. North Family Medicine or in paragraph 1 for the Member, if the Member is the person signing this Agreement. If the signatory is not the Member, at the address below.

Signature

Date

Address (if Signatory is not the Member)

Documents Required:

☐

Member Agreement (this form)

☐

Member Services Guide

☐

Notice of Privacy Practices

☐

Acknowledgement of Privacy Practices

☐

Medical Records Release

☐

Medicare Opt-Out Agreement (if applicable)

☐

Membership Payment Form

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Health History Form