

Medical Private Practice-Patient Consultation Agreement – Hormone Replenishment Therapy

Introduction

This Medical Private Practice-Patient Agreement (“Agreement”) specifies the terms and conditions under which, you, the undersigned patient (“Patient”) may secure the availability of certain specific services identified in the attached Schedule A (“Services”) offered by (“Practice”):

Dynamic Wellness, LLC
Donald Ives, M.D.
PO Box 109
Ester, Alaska 99725
P: 907-388-8991 F: 503-836-8346

(Patient & Practice are referred to individually as “Party” or collectively as “Parties”)

Medical Practice Consultation

Practice’s Services include offerings in exchange for Patient paying private fees directly to Practice. These Services made available to Patient exceed or are beyond those covered by Patient’s Medicare, Medicaid or private health insurance plan (“Plan”).

Services

As used in this Agreement, the term Services, shall mean services, both medical and non-medical (collectively “Services”), which are offered by the Practice, and set forth in Schedule A. In exchange for the Services Fees (defined below), Practice will make available to Patient the Services outlined in Schedule “A.”

Payment Options

The Services Fees can be paid with either cash, check, or credit card. Checks are to be made payable to the ‘Practice’ name (see above). Payments are to be made in full prior to the consultation appointment.

Excluded Health Care Services

The Services Fees cover only the Services identified in Schedule “A”. The term “Services” does not include ‘acute’, ‘urgent’, ‘emergent’, or hospital care management, or any electronic or other communication connected to any Plan-covered services.

Electronic Communication

Patient acknowledges that e-communications/transmissions, such as e-mail, mobile or cellular telephone, text messaging, video chat, instant messaging, Zoom, Skype, FaceTime, internet portal-enabled communications, or any other version of electronic communication with respect to Patient protected health information (“PHI”) are not guaranteed to be secure or confidential methods of communications. Patient acknowledges that he/she may make use of e-communications/transmissions with Practice upon execution of the separate Practice Electronic Communications Agreement.

Appointments & Scheduling

Patient Consultations are available by appointment only. Appointments with Practice are scheduled through Practice office to ensure ample time is given to each Patient. The Practice patient schedule is organized in such a way that it provides and protects extensive time for each Patient. For ‘Acute’, ‘Urgent’ and ‘emergent’ situations, Patient is to contact his/her personal primary medical care provider.

I understand that if I miss my scheduled appointment for this consultation without sufficient advance cancellation notice, I am still responsible for the professional service fee.

Compliance with Law

Practice delivers medical Services with the intent to comply with all applicable laws. This Agreement shall be governed by and construed in accordance with the laws of the state in which Practice is located, without application of choice-of-law principles. If there is a change of any law, regulation or rule, federal, state or local, which affects the Agreement or the activities of either Party under the Agreement, or any change in judicial or administrative interpretation of any such law, regulation or rule, this Agreement shall be deemed modified so as to remain in compliance with such laws.

Non-Participation with Insurance

Provider does not participate in any health insurance or HMO plans, or provider panels. Provider has opted out of the Medicare program. The Provider makes no representations that the Services Fees paid under this Agreement are or are not covered by Your health insurance or other third-party payment plans to You. If Patient is or becomes Medicare eligible on or before the date of consultation, Patient agrees to sign the separate agreement entitled “Medicare Private Contract.”

Practice is Not an Insurer

Practice is not an insurance company and is not promising unlimited care or services for the Services Fees. Patient acknowledges and understands that this Agreement is not an insurance plan and is not a substitute for health insurance or other health plan coverage. It will not cover hospital services, or any Services defined in Schedule A not personally provided by Provider. Patient acknowledges that Provider has advised patient to obtain or keep in full force such health insurance policy(ies) or plans that will cover patient for general healthcare costs. Patient acknowledges that this Agreement does not alter her/his current subscriber-health plan relationship. Patient acknowledges that this Agreement is not a contract that provides health insurance, and this Agreement is not intended to replace any existing or future health insurance or health plan coverage that Patient may carry. This Agreement does not involve a third-party payer and no insurance claims

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statements are created. Practice presumes that Patient is either eligible for Medicare, or otherwise has a private Plan that provides health care coverage for essential healthcare services not covered by Services Fees.

Agreement Assignment & Modifications

This Agreement may not be assigned or transferred to any other person by Patient. Further, this Agreement may not be sold by Provider, because it is an individual agreement. This Agreement replaces and supersedes all prior agreements of any kind, oral or in writing, between Patient and Practice. This Agreement may not be modified absent a writing signed by Patient and an authorized representative of Practice.

Patient Information

Patient _____ DOB _____

Address _____ City _____ State _____ Zip Code _____

Best Phone # _____ Email _____

Patient Agreement

Patient acknowledges that he/she has carefully read this agreement, was afforded sufficient opportunity to consult with legal counsel of his/her choice and to ask questions and receive satisfactory answers regarding this agreement, understand his/her respective rights and obligations under it, and signed it of his/her own free will and volition.

By signing below, Patient agrees to subscribe to Services under the terms of this Agreement as detailed above and in Schedule A.

Patient Name (Print): _____

Patient Signature: _____ Date: _____

Schedule A

SERVICES

As used in this Agreement, the term Medical Services shall mean those medical services (i) that the Provider himself/herself is permitted to perform under the laws of the State of the Provider’s licensure and (ii) that are consistent with his/her training and experience.

Medical Services:

Medical services and all related communication services to be delivered shall be of a routine nature, and not reasonable or necessary for the diagnosis or treatment of illness or injury. Such services are to be delivered regardless of medical necessity or the Patient’s medical condition(s), and not delivered based on said medical condition(s). Consultation will integrate hormone tests and other related information provided by Patient and create specific health goals and strategies based on the consult.

- Medical history assessment
- Laboratory interpretation of tests requested by Provider
- Focused physical examination
- Clinical recommendations and education regarding hormone balance and replacement therapy. Recommendations will be limited to the following hormones: estrogen, progesterone, testosterone, thyroid, DHEA, growth hormone, pregnenolone, and/or melatonin
- Hormone replacement education manual
- Other potential recommendations (e.g., supplementation, dietary recommendations, exercise, etc.)

SERVICE FEES

- \$500

PAYMENT

I authorize one of the following payment methods:

Check enclosed (made payable to the name of the Provider)

Visa

MasterCard

American Express

Discover

Card Number _____ Expiration Date _____

Name of Cardholder (as it appears on card) _____ Security Code _____

Billing Address _____

Relationship of cardholder to Patient (if different from the patient) _____

SIGNATURE INSTRUCTIONS: 1. Click Signature field above, 2. Select 'Configure New Digital ID', 3. Select 'Create a New Digital ID', 4. Select 'Save to Windows Certificate Store', 5. Enter your Name & Email address and Save 6. Select 'Continue' & 'Sign' [Do NOT check 'Lock document after signing']