

RETAINER MEDICAL AGREEMENT

Member:

Date of Birth:

The private medical practice of Miles Hassell MD is (a) not an insurance plan and does not offer insurance, and b) provides additional services for which Members must pay private fees as outlined below.

Services included in the Partnership Plans:

- Same or next day office or telephone appointments during business hours
 - **Essential Care:** typically up to 5 per year
 - **Primary Care:** typically up to 12 per year
 - **Partnership Plus:** typically up to 24 per year
 - **Custom Care:** (see addendum)
- Physician advice 24 hours a day, 7 days per week, by calling our office
- Other services provided in our office such as EKG, lab specimen collection, ear cleaning, injection administration, cryotherapy, 24-hour Ambulatory Blood Pressure Monitoring (ABPM)
- Oversight visits when in-patient at Providence St. Vincent Medical Center
- Home visits during business hours (within 10 miles of the office) when medically necessary
 - **Primary Care:** typically up to 1 visit / year
 - **Partnership Plus:** typically up to 2 visits / year
 - **Essential Care:** home visits are not included

Insurance or Other Medical Coverage: This Agreement is not a substitute for health insurance or other health plan coverage. Member acknowledges that Dr. Hassell has advised to obtain or keep in full force Member's health insurance policy(ies) or plans in order to cover Member and family members for healthcare costs. Member acknowledges that this practice is not insurance and 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 Member may carry. The practice's services are limited and specified in this Agreement and Member acknowledges that Member must pay for all non-specified services.

Drs. Hassell and Ellis are "opted out" of Medicare and out-of-network providers for all insurance networks. If you are enrolled in an insurance plan that requires a gatekeeper, such as an HMO plan or Medicare Advantage plan, your designated primary care physician will need to order services such as lab tests or diagnostic imaging, as we are not participating providers.

Termination: This Agreement will commence on the Effective Date and will extend for one year thereafter, except that both Member and Dr. Hassell shall have the absolute and unconditional right to terminate the Agreement, without the showing of any cause for termination, upon giving 30 days prior written notice to the other party. This Agreement shall also terminate upon the death of the Member. If the Agreement is terminated by written notice, Dr. Hassell shall refund to Member, immediately upon the date of termination, the fee for the unexpired portion of the year in which the Agreement terminates, prorated based on the number of days during such year prior to the date of termination. Unless previously terminated as set forth above, at the expiration of the initial one-year term (and

each succeeding one year term), the Agreement will automatically renew for successive one-year terms upon the payment of the annual fee (or semi-annual fee, as the case may be) for the ensuing year. Dr. Hassell may terminate this Agreement at any time should Member fail to pay for health care services provided in a timely manner, or violate policies or instructions communicated to Member by Dr. Hassell. The Department of Consumer and Business Services issued a certification to this practice. You can contact consumer advocates at the Department of Consumer and Business Services at (888) 977-4894, dcbs.inmail@state.or.us, or www.insurance.oregon.gov.

Member Signature

Date

Physician Signature

Date

For office use only:

Partnership Plan (patient code/type):

- Essential Care:** \$2,640 prepayment (PLAN/RTEC)
- Primary Care:** \$4,800 prepayment (PLAN/RTPC)
- Partnership Plus:** \$7,800 prepayment (PLAN/RTPP)
- Custom Care:** \$_____ prepayment / \$_____ monthly (PLAN/RTCC)

Custom Care Partnership Addendum:

Custom Care Partnership includes the same services as the other Partnership Plans plus other services required by chronic disease/disability:

Retainer Medical Agreement Effective Date (duration 1 year): _____ to _____

Renewal Date: _____ *begin date* *end date*

Un-check box "bill insurance automatically" on primary insurance tab, if applicable