



MEDICAL MEMBERSHIP

contract

PATIENT MEMBERSHIP AGREEMENT

PRINCESSA MED SPA LLC ("Practice") and _____, ("Patient") hereby enter into this Direct Primary Care Membership Agreement ("Membership Agreement") with the Effective Date _____. Practice and Patient are referred to herein collectively as the "Parties".

1. Membership and Program Services.

a. Direct Primary Care (DPC) Program Membership. In exchange for Patient's payment of the Registration Fee (as defined in Section 2.a.) and the Monthly Membership Fee (as defined in Section 2.b.), Patient is hereby enrolled as a member in the Practice's Direct Primary Care Membership Program ("Program"), subject to the terms and conditions contained in this Membership Agreement. As a member of the Program, Patient shall be eligible to receive certain primary care medical services ("Services") provided at Practice as specified in Appendix A attached hereto and incorporated herein by reference. The Practice will maintain a complete list of the Program Services on its website, available at: www.maiapcw.com. The Practice may add or discontinue a service in Appendix A in its sole discretion by updating the Practice's website of any change in the Program Services as well as emailing Patient about the change.

b. Direct Primary Care is not Concierge. This Agreement is for membership in the Practice's Direct Primary Care (DPC) Program and is not an agreement for membership in a concierge program. There is a big difference between concierge and DPC. Concierge involves patient's payment of a flat monthly fee to obtain immediate or priority access to a physician but does not cover the cost of any medical services; patient's insurance is billed for these medical services on a fee-for-service basis. DPC is NOT a contract for access but rather provides patients with certain primary care medical services for payment of a flat monthly fee. DPC does not bill insurance on a fee-for-service basis. Consequently, while Practice will strive to see Patients in a timely fashion, including seeing Patients with acute issues within 24-48 hours if medically necessary, excluding weekends, Patient is not entitled to immediate access to his or her physician whenever he/she/they sees fit, nor will Patient be guaranteed to have his/her/their prescriptions refilled on the same day.

2. Fees.

a. Initial Registration Fee/Re-enrollment Fee. Each Adult Patient shall pay to the Practice, on or prior to the Effective Date, a one-time, non-refundable registration fee of one hundred fifty dollars (\$150.00) to cover the costs associated with Patient's initial enrollment into the Program ("Registration Fee"). In the event Patient terminates this Membership Agreement, Patient will be ineligible to re-enroll in the Program for a period of six (6) months following the effective date of termination. Notwithstanding the preceding sentence, the Practice, in its sole discretion, may allow a Patient who has terminated his/her/their Membership Agreement to re-enroll before the six (6) month period has passed. Any re-enrollment after termination will require Patient to pay a re-enrollment fee in the amount of one hundred and fifty dollars (\$150.00) and sign a new Membership Agreement. This re-enrollment fee may be waived at the discretion of the Practice.

b. Monthly Fee. In addition to the Registration Fee, each Patient shall pay a Monthly Membership Fee ("MMF") according to the fee schedule noted in Appendix B. Patient will set up MMF as monthly automatic payments, pursuant to Section 3, as part of the enrollment process. The first MMF will be due at the time of enrollment. Subsequent Monthly Membership Fees will be due on the anniversary date of each month thereafter until this Membership Agreement is terminated by either Party according to the terms set forth in Section 13.



c. Additional Fees. Only those services described in Appendix A and not requiring an additional fee are included in the MMF. Services described in Appendix A as requiring the payment of an additional fee will require payment to the Practice at the time the services are provided.

d. Changes to Fees. Practice may change the amount of the Registration Fee, the MMF, any of the fees referenced on Appendix B, and the additional fees described in Appendix A, or any other fees associated with this Membership Agreement at any time, in its sole discretion, upon providing Patient advance notice by emailing Patient.

e. Late Fees. If Patient's MMF is not made or fails for any reason when due, a one time grace period of 7 days will be given for the Patient to make their payment. After the 7 day grace period, Patient agrees to pay a late fee of fifteen dollars (\$15.00) to Practice within 14 days from the original due date. This late fee will be collected from Patient via automatic payment in accordance with Patient's automatic payment selection as contained in Section 3 of this Agreement. If Patient's MMF is not made or fails for any reason when due for a second or more times, there will be no 7 day grace period and Patient agrees to pay a late fee of fifteen dollars (\$15.00) to Practice within 7 days of the original payment due date.

3. Automatic Payment of Membership Fees.

a. Credit Card. If Patient chooses to pay the MMF by credit card, then Patient/Card Holder agrees to complete the attached Appendix C providing Practice with credit card authorization to allow it to make monthly recurring charges for the MMF.

b. Checking Account. If Patient chooses to pay the MMF by checking account, then Patient or the bank account holder or authorized signor to the account ("patient/authorized signor") shall complete the attached Appendix D providing Practice with checking account (Automated Clearing House) authorization to deduct the recurring MMF charges on a monthly basis. Patient/authorized signor acknowledges that the origination of ACH transactions to patient/authorized signor's account must comply with the provisions of U.S. law.

c. Appearance and Recurring Debits. The MMF charge or debit will appear on card holder or patient/authorized signor's bank statements as Maia Primary Care & Wellness. Card holder or patient/authorized signor agrees that no prior notification will be required unless the amount changes, in which case card holder or patient/authorized signor will receive notice from Practice at least thirty (30) days prior pursuant to Section 2d of this Agreement. Card holder or patient/authorized signor understands that this authorization will remain in effect until Patient cancels this Agreement in writing in accordance with the language in Section 13 of this Agreement. Card holder or patient/authorized signor agrees to notify Practice in writing of any changes to card holder's credit card information or patient/authorized signor's account information at least 30 days prior to the next billing date.

d. Timing of Automatic Debits. If payment dates fall on a weekend or holiday, card holder or patient/authorized signor understands that the payments may be executed on the next business day. For credit card payments and ACH debits to a bank account, charges to a card may be made and funds may be withdrawn as soon as the signed execution date of this agreement.

e. Charge rejected due to NSF. If an ACH transaction is rejected for Non-Sufficient Funds (NSF), patient/authorized signor understands that Practice may at its discretion attempt to process the charge again within fourteen (14) days. Patient understands that he or she will be charged the additional late fee in accordance with Section 2e above.

f. Charge/Debit Disputes. If Patient is not the individual named on the credit card or is not the owner of the bank account from where the ACH debits will be processed, then Patient certifies that he or she is authorized to utilize the credit card associated with making the MMF payments or the bank account for ACH debits. Accordingly, Patient agrees that patient/authorized signor or credit card holder will not



dispute these scheduled transactions with the bank or credit card company so long as the transactions correspond to the terms indicated in this Agreement.

4. Duration. This Membership Agreement shall continue automatically every month until terminated by either Party in accordance with the termination provisions of Section 13 of this Membership Agreement.

5. Not Insurance. PATIENT ACKNOWLEDGES AND UNDERSTANDS THAT THIS MEMBERSHIP AGREEMENT IS NOT A CONTRACT FOR HEALTH INSURANCE AND DOES NOT MEET THE INDIVIDUAL HEALTH MANDATE UNDER FEDERAL LAW. FURTHER, THIS AGREEMENT IS NOT GOVERNED BY THE COLORADO DIVISION OF INSURANCE NOR DOES IT PROVIDE FOR HEALTH INSURANCE CONSUMER PROTECTIONS UNDER TITLE 10 OF THE COLORADO REVISED STATUTES.

6. No Insurance Claims. Patient understands and agrees that Practice will not bill any insurance carriers or health care plan to which Patient may be a subscriber or beneficiary for the MMF or any additional fees associated with Membership and the Program Services. Patient acknowledges that he or she is solely responsible for payment for all Services Patient receives from Practice regardless of whether such Services are reimbursable or payable by Patient's insurance carrier. Any amounts due for additional fees will be paid by Patient at the time the services are rendered. Patient may ask Practice for an invoice for those Services that require an additional fee to be paid so that he or she can submit a claim for reimbursement to Patient's Insurance carrier, if he or she believes the Services are reimbursable.

7. No Government Healthcare Program Beneficiaries. Patient acknowledges and understands that the Practice and its providers have opted out of participation in all governmental healthcare programs (including, but not limited to Medicare, Medicaid, TRICARE, SCHIP, VHA, HIS). This means that Practice cannot and will not bill any of these government healthcare programs on behalf of Patient nor can Patient make any attempt to collect reimbursement from any of these programs. Patient is solely responsible for the payment of the MMF and any and all additional fees associated with the Program Services. Further it is illegal for Health First Colorado recipients to enter into this Membership Agreement for Program Services. Accordingly, Practice will not accept any Patient into the Program who is a beneficiary of Health First Colorado and will immediately terminate Patient's membership if it is later discovered that Patient is a beneficiary of Health First Colorado. Any Patient that is a Medicare Part B Beneficiary will need to notify Practice of this fact and will be required to sign the Maia Primary Care & Wellness, LLC Medicare Private Contract prior to receiving any services.

8. Tax-Advantaged Medical Savings Accounts. Some Patients may have tax-advantaged savings accounts, including, but not limited to, health savings accounts, medical savings accounts, flexible spending arrangements, health reimbursement arrangements, or other similar health plans (collectively, "Tax-Advantaged Savings Accounts"). Because every Tax-Advantaged Savings Account is unique, Patient is advised to consult with their accountant regarding whether any of the fees incurred pursuant to this Membership Agreement may be paid using funds contained in a Tax-Advantaged Savings Account.

9. Other Insurance; High Deductibles. Patient acknowledges that some services provided herein may be a covered benefit or covered service, at no cost to Patient, under Patient's health benefit plan. Further, Patient understands that third-party payers may not count the Membership Fees incurred pursuant to this Membership Agreement or the fees associated with excluded services toward any deductible Patient may have under a high deductible health plan. Patient may consult with a health benefits adviser, if he/she/they has an advisor, regarding whether Membership Fees may be counted toward Patient's deductible under a high deductible health plan.

10. No Emergency or Urgent Care. Patient acknowledges and understands that Practice is not an emergency room or urgent care center, and accordingly, does not have the ability to treat Patient during a medical emergency or urgent care situation. Patient is advised that if he or she is experiencing a medical emergency or urgent care situation, Patient should contact 911 or go to the nearest emergency room to seek immediate treatment.

11. Virtual Visits. Virtual visits are an Included Service under this Membership Agreement but are at the sole discretion of Practice as there are times when a virtual visit is not suitable given the situation, which will require



Patient to schedule an in-person appointment for treatment. Patient understands and agrees, as a condition of membership in the Program, to schedule an in-person appointment when directed by Practice. Practice may utilize web-based video and/or audio communications technology (“Telemedicine”) to assess Patient’s medical condition and provide Patient with a diagnosis and treatment plan. Certain protocols may be followed by Practice when providing Telemedicine services to Patient. These include: (1) answering any questions Patient may have regarding the Services being delivered using Telemedicine (2) obtaining and documenting Patient’s medical history and other information necessary for diagnosis and treatment; (3) discussing Patient’s diagnosis and treatment options (including advising Patient if in-person care should be obtained); (4) providing Patient with instructions for follow-up care; and (5) providing Patient with a summary of the Telemedicine appointment, including any prescriptions.

12. First Visit and Annual Wellness Visit. While the Program includes virtual visits, patient understands and agrees that, as a condition of membership in the Program, he or she will schedule an appointment to be seen in person by Practice for an initial assessment/first visit no later than 30 days after enrolling into the Program. Thereafter, Patient agrees to physically visit Practice for an annual wellness visit at least once per year following the anniversary of the Effective Date.

13. Termination. Patient may terminate this Membership Agreement after after 6 months from their first membership payment by completing the Written Notice of Membership Termination Form, which will be provided by the Practice upon request, and submitting the Form either in person or by email. Once Practice has received the completed and executed Form, Practice will terminate Patient’s membership within 30-days. Monthly membership fees will continue to accrue unless patient has complied with the aforementioned requirements. If Patient desires to terminate their membership before 6 months from their first membership payment, Patient agrees to pay the remaining monthly membership fee(s) balance in one lump sum prior to Practice terminating the membership. Practice may terminate this Agreement immediately without notice to Patient if Patient fails to pay his or her Membership fees, “no-shows” to 3 appointments in a 12 month period without 24 hour advanced notice, repeatedly fails to adhere to the recommended treatment plan, or otherwise is not in compliance with the terms of this Membership Agreement. Upon termination, Patient can utilize, potentially for a fee, the services of Practice’s outside medical records copying service in the transfer of Patient’s medical records to the Patient’s new provider. If any assistance is needed after membership is terminated, Patient may schedule an acute care visit at the discretion of the physician and pay the associated charge(s) for the visit to address their needs.

14. Needs Exceed Program Services. While pre-existing medical conditions do not disqualify anyone from enrolling into the Program, Patient may not be accepted into the Program by Practice if, in the Provider’s sole discretion, it is determined that Patient’s healthcare needs exceed the Services offered by the Program. Patient understands that if at any point during his or her membership in the Program, Patient’s healthcare needs exceed the Services offered by the Program, Patient’s membership may be terminated by Practice.

15. HIPAA and Communications. Practice shall comply with the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) requirements including the privacy regulations, security standards and the standards for electronic transactions. Patient’s participation in the Program and execution of this Agreement will provide Patient with the ability to communicate with the Practice through the use of an encrypted portal. If Patient would like for Practice to communicate with Patient outside of this encrypted portal, such as by regular e-mail, texting and cell phone, Patient will be required to execute the Consent to Unencrypted Email and SMS Messaging of PHI. This will authorize Practice and its staff to communicate with Patient by e-mail and cell phone regarding Patient’s “protected health information” (PHI). Patient also understands and agrees that e-mail is not an appropriate means of communication in an emergency for dealing with time-sensitive issues. In an emergency, or a situation in which could reasonably be expected to develop into an emergency, Patient understands and agrees to call 911 or go to the nearest hospital as opposed to emailing Practice or leaving a cell phone message.

16. Code of Conduct. In order for Practice to provide a safe and healthy environment for staff, patients and their families, Practice expects Patient and accompanying family members or friends to refrain from unacceptable behaviors that are disruptive or pose a threat to the rights or safety of other patients or staff. Accordingly, as a condition of membership in the Program, Patient agrees to execute a copy of the Maia Code



of Conduct as part of the onboarding process. Any violation of this Code of Conduct by Patient or his or her accompanying family members or friends will result in Patient's immediate termination in the Membership Program.

17. Indemnification. Patient agrees to indemnify and to hold Practice and its members, officers, directors, agents, and employees harmless from and against all demands, claims, actions or causes of action, assessments, losses, damages, liabilities, costs and expenses, including interest, penalties, attorney fees, etc. which are imposed upon or incurred by Practice as a result of Patient's breach of any of Patient's obligations under this Agreement.

18. Entire Agreement. This Membership Agreement constitutes the entire understanding between the Parties hereto relating to the matters herein and shall not be modified or amended except in a writing signed by both Parties hereto.

19. Waiver. The waiver by either Practice or Patient of a breach of any provisions of this Membership Agreement must be in writing and signed by the waiving party to be effective and shall not operate or be construed as a waiver of any subsequent breach by either Practice or Patient.

20. Change of Law. If there is a change of any law, regulation or rule, federal, state or local, which affects this Membership Agreement, any terms or conditions incorporated by reference in this Membership Agreement, the activities of Practice under this Membership Agreement, or any change in the judicial or administrative interpretation of any such law, regulation or rule, and Practice reasonably believes in good faith that the change will have a substantial adverse effect on Practice's rights, obligations or operations associated with this Membership Agreement (a "Legal Change"), then Practice may, upon written notice, require Patient to enter into good faith negotiations to renegotiate the terms of this Membership Agreement. If the parties are unable to reach an agreement concerning the modification of this Membership Agreement within ten (10) days after the effective date of the Legal Change, then Practice may immediately terminate this Membership Agreement upon providing written notice to Patient.

21. Governing Law; Jurisdiction; Jury Waiver. This Agreement and the rights and obligations of Practice and Patient hereunder shall be construed and enforced pursuant to the laws of the State of Colorado. Patient irrevocably submits to the exclusive jurisdiction of the state and county courts located in Jefferson County, Colorado and agrees that all proceedings may be brought in such courts. EACH PARTY HERETO HEREBY IRREVOCABLY WAIVES ANY AND ALL RIGHT TO TRIAL BY JURY IN ANY LEGAL PROCEEDING ARISING OUT OF OR RELATED TO THIS AGREEMENT. No Party shall seek to consolidate, by counterclaim or otherwise, any action in which a jury trial has been waived with any other action in which a jury trial cannot be or has not been waived.

22. Assignment. This Membership Agreement shall be binding upon and shall inure to the benefit of the Practice and its respective successors, heirs and legal representatives. Neither this Membership Agreement, nor any rights hereunder, may be assigned by Patient without the written consent of Practice.

IN WITNESS WHEREOF, the Parties have caused this Membership Agreement to be effective on the Effective Date indicated below.

Signature of Patient Date

Parent or Legal Guardian if Patient is a Minor Signature of Parent or Legal Guardian

Physician Name Signature of Physician



Appendix A

MONTHLY MEMBERSHIP PROGRAM SERVICES

This Membership Agreement is for certain ongoing primary care medical services; IT IS NOT HEALTH INSURANCE nor is it an agreement for CONCIERGE MEDICAL SERVICES. Patient may need to use the care of specialists, emergency rooms, urgent care centers, or other health care facilities that are outside of the scope of this Membership Agreement. Listed below are the medical services that are included in the Program and whether there is any additional fee due for the particular service. If there is any additional fee to be paid, the payment is due at the time the medical services are rendered.

SERVICES

Appointments. Practice does not provide walk-in urgent care services. Practice strives to see Patients in a timely manner during normal business hours, which are typically M-F 8:00 am to 4:00 p.m. All appointments will be made at Physicians discretion to best accommodate Patients needs. Same-day appointments must be scheduled no later than 12pm and will be at Physicians discretion. New Patients and Wellness visits will not be scheduled for same day appointments and must be scheduled at least one week in advance. For Patients with acute issues, Practice will attempt to see Patients within 24-48 hours if medically necessary, excluding weekends. In an emergency situation or anything that could possibly be perceived as an emergency situation, Patient should proceed to the nearest emergency room or call 911.

Contacting Practice and Providers. Patient may contact the Practice and his/her/their Provider by phone call, text or email during normal business hours. Outside of normal business hours, Patient may call, text or email Practice Provider every day, including holidays and weekends. Calls, texts or emails will be returned by Provider within 24 hours. In an emergency situation or anything that could possibly be perceived as an emergency situation, Patient should proceed to the nearest emergency room or call 911. In the event a Practice Provider is unavailable in person, by phone or email, the Practice will arrange for another licensed Provider to be on call and to address Patient's medical needs.

Ongoing Primary Care and In-Office Procedures. While there are no fees for office or virtual visits associated with the Program Services, such as well child checks, sports physicals, weight loss management and acute visits, there are some procedures, medications, vaccinations and injections that require an additional fee to be paid at the time of service. These are detailed below in Appendix A. The Practice does not perform DOT (Department of Transportation) physicals, disability determinations for insurance, social security, or ADA purposes or Workman's Compensation visits.

Vaccinations. While the Practice will advise Patients whether certain vaccines are necessary and should be obtained by Patient, the administration of vaccinations are not offered by the Practice at this time. The Practice will make every effort to assist Patient in obtaining medically necessary vaccinations. Vaccines for Children (VFC) is a federally funded, nationwide program available in Colorado that provides vaccines at no cost to children who might not otherwise be vaccinated because of inability to pay. The Colorado Department of Public Health & Environment has a mapper on their website that assists Patients in finding free vaccinations for adults and children.

Family Planning. Practice will provide advice and consult on family planning issues. Practice does not provide birth control pills but will provide Patient with a prescription that can be filled at any pharmacy. For Patients who choose to use Long-Acting reversible contraception ("LARC") such as IUDs and Nexplanon devices, Practice will place these devices in Patient for an additional fee as listed in Appendix A but will not cover the cost of the IUD or Nexplanon device. Practice will provide Patient with a prescription to obtain the IUD or Nexplanon device at Patient's own cost. Once the prescription is paid for by the Patient and filled, the LARC may be sent directly to Practice's office. Once received, Practice will notify Patient and then schedule an appointment for



Patient to come in for placement. Practice may assist eligible Patients to apply for patient assistance programs to offset the cost of LARC devices when necessary. Patients with insurance will need to contact their insurance company directly to see if their benefits include LARC coverage.

Labs. Most laboratory tests will be performed off-site at outside laboratory companies, such as LabCorp, Quest or Access diagnostics. These tests will be ordered in the most economic manner possible. Patient will be responsible for paying the lab company directly for the tests not covered by the MMF as listed in the chart below. If the cost of the test is covered by insurance, Patient may be able to have his/her/their insurance billed directly by the lab company for the cost of the tests.

Imaging. All imaging studies will be done off-site. These tests will be ordered in the most economic manner possible. Patient will be responsible for paying the imaging facility directly for these tests. If the cost of the test is covered by insurance, Patient may be able to have his/her/their insurance billed directly by the imaging facility for the cost of the tests.

Medications. Medications will be ordered in the most cost-effective manner possible for Patient. Medications dispensed in the office are not included in the MMF and the cost will be due at the time they are dispensed. Patient's membership in the Program does NOT guarantee medications will be prescribed or that certain medications will be provided to Patient; the Provider will do what is medically appropriate for the Patient in determining whether to prescribe medication.

Controlled Substances. Practice will not prescribe or manage chronic pain with opiate prescriptions. In general, Practice will not prescribe opiates except in rare instances at the discretion of the Physicians. Other controlled substances may be prescribed at the discretion of the Physicians.

Pathology. Pathology examinations of tissue samples collected from procedures such as pap smears and skin biopsies are not included in the MMF and will be ordered in the most economical manner possible. Patient will either be billed for these services by the outside pathology lab or will be billed by the Practice at the time the tissue sample is taken.

Services Description Fee
Personalized Visits w/Your
Physician

Unhurried, one-on-one time with
your physician:

- Office Visits
- Virtual Visits
- Comprehensive
Physical/Wellness Exams
- Sports Physicals
- Same Day or Next Day Sick
Visits
- Preoperative Exams
- Hospital Follow Up Visits
- Medication reconciliation,
counseling and education

Included in Membership

Women Wellness Exam Comprehensive physical including
breast and pelvic exam.

Exam Included in Membership.
Pathology Cost as indicated by
Providing Company if applicable.



Acute Medical Problem Management of acute problems like
Urinary Tract Infections, Colds, Flu,
Strep throat, Ear Infections, Sinus
Infections, etc.

Included in Membership. Some
additional costs for
procedures/treatments as follows.

Chronic Disease Management Management of Hypertension,
Diabetes, Heart Disease, Asthma,
COPD, etc
Includes coordination of care with
Specialist(s) if applicable.

Included in Membership

Unhindered Communication with
Your Physician

Texts, Emails and Phone calls
Responses will be based on time of
day and mode of contact. All
communication forms will be
responded to within 24hrs.

Included in Membership

Form Completion Included in Membership
Procedures /Treatments Fee
Annual Screening Labs Comprehensive Metabolic Panel,
Complete Blood Count, Cholesterol
Panel, Thyroid Stimulating
Hormone, Hemoglobin A1c

Discounted Cash Price list to be
provided at the time or insurance
can be billed by LabCorp or
Quest.

Recurring Labs for Disease
Management

Hemoglobin A1c, INR, etc. Discounted Cash Price list to be
provided at the time or insurance
can be billed by LabCorp or
Quest.

Rapid Flu/Strep/Mono Test Rapid tests for influenza, strep
throat and mono

Included in Membership
Urine Dipstick Rapid test for urinary problems Included in Membership
Urine Pregnancy Test Rapid test to confirm pregnancy Included in Membership
Non-Routine Labs Labs not included in annual
screening or recurring for disease
management

Discounted Cash Price list to be
provided at the time or insurance
can be billed by LabCorp or
Quest.

Office Based Procedures • Ear Lavage
• EKGs
• Wound Care
• Nebulizer Treatments
• Abscess Incision & Drainage
• Simple Laceration Repairs
• Skin Lesion

Visit and Procedure are Included in
Membership. Medications and/or
Supplies may be an additional small
cost that will be discussed at the time.
Pathology Costs will be additional
fee(s) as indicated by the Providing
Company if applicable.



Acute Medical Problem Management of acute problems like
Urinary Tract Infections, Colds, Flu,
Strep throat, Ear Infections, Sinus
Infections, etc.

Included in Membership. Some
additional costs for
procedures/treatments as follows.

Chronic Disease Management Management of Hypertension,
Diabetes, Heart Disease, Asthma,
COPD, etc
Includes coordination of care with
Specialist(s) if applicable.

Included in Membership

Unhindered Communication with
Your Physician

Texts, Emails and Phone calls
Responses will be based on time of
day and mode of contact. All
communication forms will be
responded to within 24hrs.

Included in Membership

Form Completion Included in Membership
Procedures / Treatments Fee
Annual Screening Labs Comprehensive Metabolic Panel,
Complete Blood Count, Cholesterol
Panel, Thyroid Stimulating
Hormone, Hemoglobin A1c

Discounted Cash Price list to be
provided at the time or insurance
can be billed by LabCorp or
Quest.

Recurring Labs for Disease
Management

Hemoglobin A1c, INR, etc. Discounted Cash Price list to be
provided at the time or insurance
can be billed by LabCorp or
Quest.

Rapid Flu/Strep/Mono Test Rapid tests for influenza, strep
throat and mono

Included in Membership
Urine Dipstick Rapid test for urinary problems Included in Membership
Urine Pregnancy Test Rapid test to confirm pregnancy Included in Membership
Non-Routine Labs Labs not included in annual
screening or recurring for disease
management

Discounted Cash Price list to be
provided at the time or insurance
can be billed by LabCorp or
Quest.

Office Based Procedures • Ear Lavage

- EKGs
- Wound Care
- Nebulizer Treatments
- Abscess Incision & Drainage
- Simple Laceration Repairs
- Skin Lesion

Visit and Procedure are Included in
Membership. Medications and/or
Supplies may be an additional small
cost that will be discussed at the time.
Pathology Costs will be additional
fee(s) as indicated by the Providing
Company if applicable.



Shave/Biopsy/Excisions

- Joint Injections
- Trigger Point Injections
- Skin Tag Removal (may be additional cost depending on number of tags removed)
- Simple Splint placement

Spirometry Testing in Office TBD

Cryotherapy for Skin Lesions TBD

IUD Placement (does not include cost of the device)

Currently we do not plan on dispensing medications or including them in membership pricing.

Radiology Xrays, MRI, CT Scans, Mammograms, Bone Density Screening

Price list to be provided at the time.

Cosmetic Procedures Botox or similar neurotoxin and Juvederm or similar lip filler

Price list to be provided at the time.

Bioidentical Hormone Therapy Price list to be provided at the



Appendix C

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEBIT PAYMENTS (ACH DEBIT)

Account Holder hereby authorizes Maia Primary Care & Wellness, LLC ("Practice") to effectuate transfers of funds to and from my account for the purpose of facilitating my membership in Maia Primary Care & Wellness ("Practice") and payment for services not included in the membership fee.

Failure for any reason of final credit or a reversal of any credit to the Monthly Membership Fee amount will constitute a breach/default under the terms of the Membership Agreement which may result in the immediate termination of the Patient's Membership in the Program.

The Membership Agreement is supplemented by this ACH Agreement and all terms of the Membership Agreement shall apply to this Authorization Agreement for Automatic Debit Payments.

Name of the Account Holder: Address of the Account Holder: _____

Bank Name: Bank Address: _____

Bank Routing Number: Bank Account Number: _____

This authorization will remain in full force until Practice receives written notification from Patient/Account Holder of his or her termination pursuant to Section 13 of this Membership Agreement and in such time and in such manner as to afford Practice and Patient's Depository a reasonable time to act on it.

Signature of Account Holder Date



Appendix C

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEBIT PAYMENTS (ACH DEBIT)

Account Holder hereby authorizes Maia Primary Care & Wellness, LLC (“Practice”) to effectuate transfers of funds to and from my account for the purpose of facilitating my membership in Maia Primary Care & Wellness (“Practice”) and payment for services not included in the membership fee.

Failure for any reason of final credit or a reversal of any credit to the Monthly Membership Fee amount will constitute a breach/default under the terms of the Membership Agreement which may result in the immediate termination of the Patient’s Membership in the Program.

The Membership Agreement is supplemented by this ACH Agreement and all terms of the Membership Agreement shall apply to this Authorization Agreement for Automatic Debit Payments.

Name of the Account Holder: Address of the Account Holder: _____

Bank Name: Bank Address: _____

Bank Routing Number: Bank Account Number: _____

This authorization will remain in full force until Practice receives written notification from Patient/Account Holder of his or her termination pursuant to Section 13 of this Membership Agreement and in such time and in such manner as to afford Practice and Patient’s Depository a reasonable time to act on it.

Signature of Account Holder Date



Appendix D

CREDIT CARD AUTHORIZATION
FOR RECURRING MONTHLY CHARGES

Please complete the information and sign below.
Credit Card Information

Card Type: MasterCard VISA Discover AMEX Other: _____

Cardholder Name (As Shown on Card): _____

Cardholder Address: _____

Cardholder Phone Number: _____

Credit Card Number: _____

Expiration Date: Security Code: _____

Cardholder hereby authorizes Maia Primary Care & Wellness ("Practice") to initiate recurring charges every month to the credit card provided for the monthly membership fee associated with the Program Services. Charges will be facilitated through Bank Novo, Stripe or BlueYonder. There may be a credit card processing fee applied to each transaction, which will be disclosed at the time payment is set up. Cardholder understands that the recurring charge amount may vary but that Cardholder will be provided with notice of this fact by Practice pursuant to Section 2d of the Membership Agreement incorporated herein. Cardholder also authorizes Maia Primary Care & Wellness ("Practice") to initiate charges associated with services not included in the monthly membership fee at the time of said services.

The Membership Agreement is supplemented by this Credit Card Authorization Agreement and all terms of the Membership Agreement shall apply to this Credit Card Authorization Agreement for recurring monthly charges. This authorization will remain in full force until Practice receives written notification from Cardholder of his or her termination pursuant to Section 13 of this Membership Agreement and in such time and in such manner as to afford Practice and Patient's credit card company a reasonable time to act on it.

Signature of Account Holder Date