



## DIRECT PRIMARY CARE PATIENT AGREEMENT

This is an agreement between i360MD LLC, a Kansas Limited Liability Corporation, located at 230 East Main Street, Gardner, KS 66030 and 705 High St., Baldwin City, KS 66006 (hereinafter "The Practice"), the Physician(s) (encompasses physician owners and employee providers) and you (hereinafter "Member", "Patient", "You" or "Yours").

### Background

The Practice delivers family medicine, obesity medicine, and functional medicine at the address above. In exchange for certain fees paid by you, The Practice agrees to provide the Patient with the services described in this agreement on the terms and conditions set forth in this agreement.

### Agreement

The parties herein agree as follows:

- 1) **Patient** - When used herein refers to those person/s for whom the Practice shall provide services, and who are signatories to, or listed on the documents attached as Appendix 1, and incorporated by reference, to this agreement. The term (Patient) will also include the parent/s executing this document on a minor's behalf and consenting to treatment on the minor's behalf.
- 2) **Covered Services**- The term "Services" shall mean a package of ongoing primary care services, both medical and non-medical, as well as related items which are offered by the Practice and set forth on Appendix 1. In order to facilitate the delivery of the Services, Patient will be provided with methods to contact the Practice by cell phone, e-mail, and other means of electronic communication for non-emergent concerns. The Practice will make every effort to deliver the Services to Patient in a timely manner. The Practice cannot guarantee availability and cannot guarantee that Patient will not need to seek care by specialized physicians, urgent care providers, or emergency rooms.
- 3) **Non-Covered Services**- Patient understands and acknowledges that Patient is responsible for any charges incurred for healthcare services that are not Services within the meaning of this Agreement, including healthcare services performed by all outside facilities: emergency room visits, urgent care visits, hospital and specialist care, pharmacy, imaging and lab tests performed by third-parties. Patient shall also be responsible for any charges incurred for healthcare services provided by the Practice and not specifically described in Appendix 1, Section 8 and 11. Examples of some of the non-covered Services are described on Appendix 1, Section 9 and 10.
- 4) **Controlled Substance Prescription Notification** - Upon enrollment, the Practice does not provide immediate prescriptions for chronic controlled substances. New patient requests for controlled substances are subject to a fourteen (14)-day waiting period from the date of onboarding. During this period, the Practice may require additional appointments; review of prior medical

records, imaging, or laboratory results; completion of risk-assessment tools; and any other documentation necessary to determine medical appropriateness. Urine drug screening is required and will be the Patient's financial responsibility. A controlled substance agreement will be implemented, and compliance is mandatory. The Practice reserves the right, in its sole clinical discretion, to deny or discontinue controlled substance prescriptions at any time. This policy applies to all controlled medications, including but not limited to opioids, benzodiazepines, muscle relaxants, gabapentinoids, stimulants, and hypnotic agents.

- 5) **Terms**- This agreement shall commence on the date signed by the parties below and shall continue for a period of at least three months and be automatically renewed monthly. Membership can also be paid quarterly.
- 6) **Fees** - There is a one-time non-refundable registration fee. Upon execution of this contract, the Patient shall pay a monthly membership fee (that will be prorated to the first of the month) in accordance with the schedule available at the i360MD office and i360md.com. The current fee schedule appears in Appendix 2 which is attached and incorporated by reference. Thereafter, the Membership Fee shall be due on the first business day of every month. The Parties agree that the required method of payment shall be by automatic payment through an ACH, debit card, or credit card. The Member is responsible for debit/credit card fees.
- 7) **Monthly Fee and Service Offering Adjustments** - The Practice reserves the right to change or modify the registration fees, re-registration fees, and monthly membership fees due under this Agreement. In the event that the Practice finds it necessary to increase or adjust monthly fees or Service offerings before the termination of the Agreement, the Practice shall give 30 days written notice of any adjustment. If Patient does not consent to the modification, Patient shall terminate the Agreement in writing prior to the next scheduled monthly payment.
- 8) **Missed-payment or Non-payment** - If the Patient does not pay the Monthly Membership Fee within the seven (7)-day grace period, a late fee of twenty-five dollars (\$25.00) will be assessed. If any Membership Fees remain unpaid for more than thirty (30) days, the Practice may suspend services and/or terminate the Patient's membership.
- 9) **Re-registration fee** - If Patient's membership lapses or is terminated, any request to re-enroll will be considered at the sole discretion of the Practice. Patient must pay all outstanding fees from the prior membership before reactivation. A non-refundable re-registration fee of three hundred dollars (\$300) per patient, or six hundred dollars (\$600) per family, will be required upon re-enrollment.
- 10) **No-Show or Late-Cancellation fee** - Patient acknowledges that appointment times are reserved exclusively for them and that timely notice of changes is necessary to preserve access for all members and prevent Practice losses. Patient shall provide at least twelve hour advance notice of any cancellation or request to reschedule. Late cancellations or no-shows may result in a fifty-dollar (\$50.00) fee, as determined by the Practice and subject to change. If circumstances beyond the Patient's control prevent timely notification, Patient shall notify the Practice as soon as possible. The Practice may waive the fee at its discretion. Repeated missed appointments, with or without notice, may result in restrictions on future scheduling or other actions consistent with this Agreement.
- 11) **Non-Participation in Insurance** - Patient acknowledges this Agreement is not an insurance plan, and that the Practice does not participate in, bill, or accept any health insurance or HMO plans. Patient further acknowledges that the Practice has strongly advised securing separate health

insurance coverage—at minimum, a healthshare or catastrophic insurance plan—to cover services not included in this Agreement. The Practice makes no representation regarding third-party insurance reimbursement for any fees paid under this Agreement. Moreover, third-party payers may not count the Fees incurred pursuant to this Agreement toward any deductible that the Patient may have under a high deductible health Plan. If the Patient has questions about how entering into this Agreement may affect any insurance benefits or coverage, the Patient is advised to consult with a qualified health benefits advisor.

- 12) Tax-Advantaged Medical Savings Accounts** - Patient acknowledges that the Fees under this Agreement may not qualify as eligible medical expenses for payment or reimbursement through tax-advantaged accounts such as a Health Savings Account (“HSA”), Medical Savings Account (“MSA”), Flexible Spending Account (“FSA”), Health Reimbursement Arrangement (“HRA”), or similar plans. Because each plan is unique, Patient should consult a qualified health benefits advisor to determine whether fees may be paid using funds contained in any of the tax-advantaged savings accounts described above.
- 13) High Deductible Health Plans** - Patient acknowledges that the Practice is not a participating provider in any governmental or private health care plan. As a result, third-party payers may not count the Fees incurred pursuant to this Agreement toward any deductible that the Patient may have under a high deductible health Plan. If Patient has any questions, Patient should consult with Patient’s health benefits advisor regarding whether the fees may be counted toward the Patient’s deductible under a high deductible health plan.
- 14) Medicare Opt-Out Notice** - Patient acknowledges that the Practice has opted out of participation in Medicare. As a result, Medicare cannot be billed for any Services provided by the Practice, and Patient agrees not to submit claims or seek reimbursement from Medicare for any such Services under this Agreement. If Patient is currently eligible or becomes eligible for Medicare during the term of this Agreement, Patient agrees to promptly notify the Practice and to execute the Medicare private contract as required by law.
- 15) Termination**- Termination of this Agreement shall cause a termination of the rendering of the Services by The Practice to Patient. This Agreement may be terminated as follows:  
(i) The Practice may terminate this Agreement by providing Patient thirty (30) days advanced written notice. Upon termination, the Practice shall cooperate in the transfer of Patient’s medical records to Patient’s new primary care physician upon Patient’s written request and direction. (ii) The Patient may terminate this Agreement at any time following the initial three month commitment period and for any reason with thirty (30) days written notice and full payment of any outstanding fees due under the Agreement. (iii) Upon termination by either party, 30 days of all non-controlled prescriptions will be written for the patient. Patients who engage in abusive, threatening, or dangerous behavior toward staff or other patients may be terminated from the Practice immediately.
- 16) Change of Law**- If there is a change of any relevant law, regulation or rule, which affects the terms of this Agreement, the parties agree to amend it only to the extent that it shall comply with the law.
- 17) Severability**- If for any reason any provision of this Agreement shall be deemed, by a court of competent jurisdiction, to be legally invalid or unenforceable in any jurisdiction to which it applies, the validity of the remainder of the Agreement shall not be affected, and that provision shall be deemed modified to the minimum extent necessary to make that provision consistent with applicable law and in its modified form, and that provision shall then be enforceable

- 18) Reimbursement for services rendered-** If this Agreement is held to be invalid for any reason, and if The Practice is therefore required to refund all or any portion of the monthly fees paid by Patient, Patient agrees to pay The Practice an amount equal to the reasonable value of the Services actually rendered to Patient during the period of time for which the refunded fees were paid based on the Centers for Medicare and Medicaid Services 'Annual Medicare Physician Fee Schedule'.
- 19) Amendment-** Except as provided within, no amendment of this Agreement shall be binding on a party unless it is in writing and signed by all the parties.
- 20) Assignment-** This Agreement, and any rights Patient may have under it, may not be assigned or transferred by Patient.
- 21) Relationship of parties-** Patient and the Practice intend and agree that the practice, in performing his or her duties under this Agreement, is an independent contractor, as defined by the guidelines promulgated by the United States Internal Revenue Service and/or the United States Department of Labor, and the Practice shall have exclusive control of its work and the manner in which it is performed.
- 22) Legal Significance-** Patient acknowledges that this Agreement is a legally binding document that creates certain rights and responsibilities. Patient affirms that they are voluntarily entering into this Agreement, have the mental capacity to fully understand it, and have had reasonable opportunity to seek legal advice regarding its terms, either choosing not to do so or having done so and being satisfied with the terms and conditions. Patient further understands that the Practice makes no representations or guarantees regarding health outcomes.
- 23) Miscellaneous-** This Agreement shall be construed without regard to any presumptions or rules requiring construction against the party causing the instrument to be drafted. Captions in this agreement are used for convenience only and shall not limit, broaden, or qualify the text.
- 24) Entire Agreement-** This Agreement contains the entire agreement between the parties and supersedes all prior oral and written understandings and agreements regarding the subject matter of this Agreement.
- 25) Jurisdiction-** This Agreement shall be governed and construed under the laws of the State of Kansas and All disputes arising out of this Agreement or services provided thereunder shall be settled by an arbitration through the The International Institute for Conflict Prevention & Resolution (CPR) using the rules for Non-administered arbitration to be conducted in Johnson County, Kansas, with an arbitrator.
- 26) Notice-** All written notices are deemed served if sent to the address of the party written above. The parties have signed duplicate counterparts of this Agreement on the date first written above. Written Notice, when required, may be achieved either through electronic means at the email address or through first-class US Mail to the address provided by the party to be noticed during registration.
- 27) Communication Policy -**
- I. The Practice provides access to a HIPAA-compliant electronic health portal and the "Spruce Health Application," which Patients are strongly encouraged to use for communicating protected health information and non-emergent concerns.
  - II. Practice makes every effort to ensure electronic communication is secure. Patient acknowledges that absolute confidentiality cannot be guaranteed and that third-party access is possible. Patient acknowledges that electronic communication methods may experience

technical failures or other limitations. Neither the Practice nor its physicians shall be liable for any loss, cost, injury, or expense caused by technical failures, including but not limited to: internet service interruptions, power outages, software failures, computer or network malfunctions, faulty telephone or data transmission, interception of electronic communications by third parties, or Patient's failure to follow the guidelines regarding electronic communication set forth in this section.

- III. By providing an e-mail address and phone number during registration, Patient acknowledges that these contact methods may be used for newsletters, promotions, practice updates, anticipated out-of-office notifications, and billing-related messages. If Patient chooses to communicate with the Practice via e-mail, social media, or SMS text messaging, Patient understands that these are not HIPAA-compliant.
- IV. Patient understands that emergency care is not covered under this Agreement. In the event of an emergency, or a situation reasonably expected to develop into an emergency, Patient shall call 911 or go directly to the nearest emergency room and follow the instructions of emergency personnel. Neither the Practice nor its physicians shall be liable for any loss, cost, injury, or expense resulting from a delay in care if Patient contacts the Practice regarding emergent concerns.

**28) Mailing Address for The Practice-**

The current mailing address for the practice is:

**i360MD LLC, 705 High Street, Baldwin City, KS 66006.**

Effective April 15, 2026, the mailing address will be:

**i360MD LLC, 230 East Main Street, Ste C, Gardner, KS 66030.**

**i360MD:**

**By: Paige E. Bowman, MD Member**

**Patient: \_\_\_\_\_ (name handwritten)**

**Patient: \_\_\_\_\_ signature**

## **Appendix 1**

### **Services**

**As of November 31, 2025**

#### **1. Scope of Practice & Licensure**

- I. Patient acknowledges that Physician owner is licensed by the Kansas State Board of Healing Arts and is double-board certified by the American Board of Family Medicine and the American Board of Obesity Medicine. The clinical care provided will be individualized to your goals, preferences, and/or specific health circumstances, your Physician and team members may use diagnostic and treatment methods including conventional medicine and functional medicine approach. Patient acknowledges the Provider only recommends treatments they believe, based on training, experience, evidence, and current research, to be safe and effective, and Patient will be informed of the risks and benefits prior to receiving any treatment.
- II. Patient acknowledges that Physician owner is licensed by the Kansas State Board of Healing Arts and is double-board certified by the American Board of Family Medicine and the American Board of Obesity Medicine. The clinical care provided will be individualized to your goals, preferences, and/or specific health circumstances, your Physician and team members may use diagnostic and treatment methods including conventional medicine and functional medicine approach. Patient acknowledges the Provider only recommends treatments they believe, based on training, experience, evidence, and current research, to be safe and effective, and Patient will be informed of the risks and benefits prior to receiving any treatment.
- III. Family medicine is a comprehensive primary care specialty that provides continuous healthcare for individuals and families of all ages. Family doctors manage acute and chronic illnesses, offer preventive care like immunizations and health screenings, perform basic in-office procedures, and coordinate care with specialists. The focus is to treat the whole person within the context of a person's family and community. This specialty allows long-term relationships between the patient, the family and the doctor.
- IV. Obesity medicine is a medical specialty focused on the comprehensive treatment and management of metabolic health and obesity through a personalized approach that includes nutrition, physical activity, behavioral therapy, and medications. The focus is to improve patients' overall health, reduce the risk of obesity-related conditions like type 2 diabetes and heart disease, and support long-term, sustainable weight management.
- V. Functional Medicine evaluates potential root-cause nutritional, metabolic, hormonal, environmental, and lifestyle factors that may contribute to impaired function. Care may include conventional, integrative, preventive, lifestyle, complementary/alternative, and naturopathic modalities, as clinically appropriate, with emphasis on lifestyle modification such as diet, exercise, stress management, toxin reduction, sleep optimization, and behavioral changes. These interventions are not a substitute for conventional medical care, may not be scientifically validated for all lab work and conditions, and outcomes cannot be guaranteed. Benefits include symptom relief and improved function and performance.

## **2. Risks and Patient Responsibilities**

- I. Patient acknowledges that all medical interventions carry inherent risks and that outcomes cannot be guaranteed. Potential risks may include, but are not limited to: allergic reactions or sensitivities; adverse effects from supplements, dietary interventions, or medications; lack of improvement or worsening of condition; difficulty adjusting to lifestyle modifications; or other complications that may arise.
- II. Patient agrees to provide full and accurate disclosure of all factors that could affect care, including current medications, supplements, or drugs; pregnancy or breastfeeding status; allergies or drug sensitivities; medical conditions such as seizures, heart conditions, bleeding disorders, immune deficiencies, or risk of infection; and any mental or cognitive impairments affecting the ability to make informed health decisions, including the identity of any applicable surrogate decision-maker.
- III. Patient further acknowledges that adherence to recommended treatments and lifestyle modifications is their responsibility; that the Practice may not provide emergency care and the patient should seek urgent medical attention when needed; and that the Practice is not liable for outcomes, complications, or costs associated with interventions, supplements, or therapies.

## **3. Off-Label Use of Devices or Medications**

Patient understands that the Provider may, at times, use FDA-approved devices or medications in ways that differ from FDA-approved labeling ("off-label use"). Patient has been informed of this practice, may ask questions, and consents to the Provider's professional judgment in prescribing or utilizing such devices or medications off-label when deemed appropriate for care.

## **4. Product Availability**

Patient understands that the Practice may offer medications, nutritional supplements, or other products for purchase in the office or on its website. Patient is under no obligation to purchase these products from the Practice and may obtain them from any source of their choosing.

## **5. Reporting Adverse Effects**

Patient agrees to promptly inform Practice staff of any adverse effects, including but not limited to unexpected pain, negative cognitive or emotional changes, unpleasant taste or smell from supplements, or other unusual reactions. Patient will also notify the Practice immediately in the event of pregnancy or breastfeeding, as some treatments may be contraindicated.

## **6. Coordination of Care**

Patient is responsible for disclosing all medications, treatments, and assessments received from other healthcare providers and for providing medical records as needed to ensure coordinated care. Patient will also notify the Provider of pregnancy or breastfeeding status. Likewise, Patient is responsible for informing other health professionals about treatments, supplements, or medications received from the Provider or Practice.

## **7. Referrals to Other Health Professionals**

Patient understands that the Provider may recommend treatments from health professionals not affiliated with the Practice. While the Provider may communicate with these professionals regarding recommendations, the Provider does not supervise them and is not responsible for their care.

## **8. Covered Medical Services-**

Membership includes access to the following in-person and telemedicine services as clinically appropriate:

- A. i360MD Preventive Exam – including routine labs (CBC, CMP, A1C, lipid panel, TSH, urinalysis, Vitamin D), body composition analysis, and lifestyle counseling
- B. Acute/Urgent Care
- C. Women's Health – including Pap smear if indicated, contraceptive management, and fertility planning
- D. Sports and Camp Physicals
- E. Preoperative Evaluations
- F. Chronic Condition Management
- G. Hormone Therapy - quarterly visits
- H. Weight Management - quarterly visits
- I. Mental Health - quarterly visits
- J. Primary Dermatology - management of acne, dermatoses, skin cancer screening and biopsies
- K. Sports Medicine
- L. Mental Health
- M. Pain Management
- N. Transition of Care – timely follow-up after hospital or emergency room visits
- O. In-house diagnostics (e.g. electrocardiogram, pulmonary function test)

## **9. Therapies, procedures and add-on services -**

Members may purchase additional therapies, procedures, products and packages ("Add-On Services") beyond standard membership benefits. Add-On Services are subject to separate fees unless explicitly included in membership dues. The Practice will provide discounted pricing and terms for Add-On Services for Members. Members are under no obligation to purchase Add-On Services. Patient will be informed of any additional costs or expenses for Add-On Services recommended as part of their treatment plan. Payment for such services is due at the time of service.

Potential Add-On Services may include, but are not limited to:

- A. Joint, trigger point, or keloid scar injection
- B. IV fluid rehydration
- C. Nebulizer treatment
- D. Injectable medication (e.g. B12, Vit D, Testosterone, Depo-Provera, toradol, triamcinolone, sumatriptan)
- E. In-house laboratory (e.g. urinalysis, urine pregnancy test, rapid strep, flu, covid, rsv, hemoglobin, blood sugar, INR)

- F. Migraine cocktail
- G. Laceration repair
- H. Splinting
- I. Skin tag removal
- J. Liquid nitrogen treatment for precancerous or wart-like lesions
- K. Shave and excisional biopsy for suspicious or bothersome lesions
- L. Toenail removal
- M. Abscess and cyst treatment
- N. Implantable contraception (IUD, Nexplanon) insertion and removal
- O. Colposcopy
- P. Medical Botox ® injections for migraine
- Q. Auricular acupuncture for pain or allergy management
- R. Sublingual allergy desensitization
- S. Red light therapy
- T. Executive health physicals
- U. Intensive packages for weight loss, hormone optimization, or mental health (monthly visits, coaching/support, quarterly labwork and quarterly body composition analysis)
- V. Problem-focused functional medicine packages
- W. Aesthetics services - Cosmetic neurotoxin injections, Microneedling, etc.
- X. Prescription medications, supplements, and/or durable medical equipment
- Y. Body Composition Analysis
- Z. And more, as clinically appropriate

#### **10. Non-Covered Services-**

The Patient acknowledges that the Membership fee does not cover, include, insure, reimburse, or subsidize any healthcare services, items, or expenses obtained outside the Practice, including but not limited to:

- A. Specialist consultations
- B. Hospital or emergency department care
- C. Urgent care visits at outside facility
- D. Surgery or procedural services performed at outside facility
- E. Imaging, radiology, or diagnostic studies performed at outside facility
- F. Laboratory testing performed at outside facility
- G. Any services billed by or provided through third parties.

The Patient is solely responsible for all costs associated with such services, whether paid out-of-pocket or through insurance.

#### **11. Non-Medical, Personalized Services –**

The Practice shall also provide Patient with the following non-medical services:

**After hours access-** For urgent concerns outside of regular business hours, Patient will have access to a members-only phone number to reach the Practice directly between 8:00AM and 9:00PM. Calls received overnight (9:00 p.m.–7:59 a.m.) will be routed to voicemail and reviewed the following morning. Patient is encouraged to call beginning at 8:00 a.m. with urgent concerns. The Practice may have qualified nurses or other professionals available to answer calls in the Physician’s absence. Such professionals will consult

with the Physician as needed and as required by law. Patient acknowledges that emergency care is not covered under this Agreement. In the event of an emergency, or a situation that could reasonably become an emergency, Patient agrees not to delay their care and to call 911 or go directly to the nearest emergency room and follow the instructions of emergency personnel.

**Electronic health record access** - Patient will be provided access to the Practice's electronic health record portal.

**E-Mail Access-** Patient will be provided the Practice's designated e-mail address for non-urgent communications. The Practice will respond to such communications in a timely manner.

**No Wait or minimal wait appointments-** Every effort will be made to ensure that Patient is seen promptly for scheduled office visits. If a longer wait is anticipated, the Practice will notify Patient of the projected wait time. Appointment durations range from 20 to 80 minutes depending on the type of visit. If Patient concerns are not fully addressed during the allotted time, a follow-up in-person or virtual appointment will be scheduled.

**Same Day/Next Day Appointments for Urgent Concerns-** Patient is encouraged to call or message beginning at 8:00 a.m. with urgent care appointment requests. If contacted prior to noon on a normal office day, every reasonable effort will be made to schedule a same-day appointment (in-person or virtual). Calls made after noon will still be accommodated to the extent possible, but same-day scheduling is subject to provider and appointment availability.

**Disclaimer** - The timing and availability for all after-hours, weekend, holiday and vacation appointments are ultimately at Practice discretion and cannot be guaranteed.

**Coordination of care** - The Practice will assist in coordinating care with medical specialists via referrals and chart/lab review. Patient acknowledges sole responsibility for all fees and expenses for services provided by third parties such as complementary/alternative providers, medical specialists, emergency care, outside facility urgent care, and hospital care.

## **12. Out of Office Protocol –**

**Holidays** - The practice will observe the following holidays on an annual basis: New Year's Day, MLK Day, President's Day, Memorial Day, Juneteenth, Independence Day, Labor Day, Veteran's Day, the week of Thanksgiving, and Christmas Eve through New Year's Day.

**Vacation** - The Physician may take up to four (4) weeks of paid vacation annually, during which routine requests may not be addressed. The Practice will provide reminders of planned absences at four (4) weeks, two (2) weeks, and one (1) week in advance to allow for completion of refill requests, routine care, and forms. The Physician will remain available for urgent concerns, which will be screened by a member of the care team. If a concern is deemed urgent and appropriate for virtual care, reasonable efforts will be made to schedule a same-day or next-day telehealth appointment of approximately ten (10) minutes. Appointment timing and availability remain at the Physician's discretion and cannot be guaranteed. If in-person evaluation is clinically necessary, the Practice liaison will direct the Patient to the nearest urgent care or emergency facility.

**Sickness/Emergency** - In the event the Physician is temporarily unavailable due to personal or family illness or emergency, the Practice will make reasonable efforts to minimize disruption of care. Patients will be notified via written communication. Routine concerns will be re-scheduled within two (2) weeks, and time-sensitive concerns addressed as promptly as possible.

## **Appendix 2**

### **Membership Fees**

#### **Monthly Membership Fees**

|                    |                  |
|--------------------|------------------|
| 18 years and under | \$ 50 per month  |
| 19 to 64 years     | \$ 105 per month |
| 65+ years          | \$115 per month  |

#### **Discounts**

College student - \$20 per month discount with valid ID

Military, First Responders, and Teachers - \$10 per month discount with valid ID

**Enrollment Fee**                      \$125/person and \$250/family

**Re-Enrollment Fee**                \$300/person and \$600/family

### **Pricing Options**

**Registration Fee** - A one-time registration fee is billed upon sign-up for enrollment in Direct Primary Care services. Re-registration or re-enrollment will incur additional fees.

**Membership Fee** - covers preventive, routine chronic care and urgent care management.

**In-Office Procedures, Therapies, Products and Packages** - Additional services are listed in Appendix 1, Section 9, and incur additional fees based on the cost of the service. Fees for ancillary services are discounted for Members, available upon request and subject to change.

**Laboratory Studies** - will be billed based on patient preference to apply negotiated cash pricing collected by the Practice or Patient's insurance collected by the lab facility. Laboratory studies processed by outside facilities ordered by the Practice will be collected in-office when possible with no collection fee. Requests to collect labs for specialists and/or outside providers will incur a \$20 collection fee. In-house point of care labwork incurs a fee as a function of wholesale cost. Cash pricing is available upon request and is subject to change.

**Pathology** - will be billed based on patient preference to apply negotiated cash pricing collected by the Practice or Patient's insurance collected by the pathology facility. Examples include biopsies, urine cultures, vaginal swabs, and wound cultures. Cash pricing is available upon request and is subject to change.

**Radiology**- will be billed based on patient preference to apply negotiated cash pricing collected by the Practice or Patient's insurance collected by the imaging facility. Cash pricing is available upon request and is subject to change.

**Medications** - may be dispensed in-office at function of wholesale cost or ordered through the pharmacy of the patient's choice with applicable insurance coverage. Examples of commonly dispensed medications and pricing are available upon request and are subject to change.