



PATIENT AGREEMENT

Establishing care as a patient:

- ✓ I acknowledge and understand that I am voluntarily becoming a C3 Contemporary Care Clinic, PLLC (“C3”) member for primary care services on behalf of myself or individuals for whom I am a parent or legal guardian.
- ✓ I understand that this agreement is non-transferable.
- ✓ A family is defined as members of a single household under the care of a head of household and does not include grandparents or parents of head of household, non-family members living in the household, or family member living at another residence.
- ✓ I acknowledge that all providers at C3 Contemporary Care Clinic are Nurse Practitioners and are not Medical Doctors (MD, DO)/physicians. I willingly agree to have my care provided by C3’s licensed and board-certified Family Nurse Practitioner(s).

Services:

- ✓ I have received and reviewed the “Member Guide,” which describes the types of services provided. I have had the opportunity to ask questions and receive answers about its content.

Fees and payment:

- ✓ I acknowledge and understand that the monthly membership fee is paid in consideration for the services outlined in the Member Guide. I understand that if my care requires services or supplies that are not included in my membership, the fees for these services or supplies will be discussed with me in advance and I will be responsible to pay these fees in full at the time of service.
- ✓ I acknowledge and understand that the monthly fee paid to C3 does not cover the cost of prescription drugs, hospitalization costs, major surgery, dialysis, radiology services (x-ray, CT, MRI, etc.), rehabilitation services, or procedures requiring general anesthesia, or similar advanced procedures, services or supplies and that I am responsible for any charges incurred for those services performed outside of C3’s services.
- ✓ I understand that C3 provides deeply discounted options for laboratory testing and imaging. These tests will be ordered & recommended based on medical need. These fees may include a service charge of up to 25% incorporated into my total cost to cover office expenses.
- ✓ I understand that the monthly fee is intended to cover my C3 provider’s availability to provide services as well as the individual services provided and that the monthly fee is due each month under the Member Agreement even if I do not communicate with C3 provider(s) or see a provider during a particular month.
- ✓ I acknowledge and understand that to become a C3 member, I must submit my first month’s membership fee with my enrollment forms, submitting first months membership fees acts as my authorization for automatic monthly payment of my monthly membership fee.



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- ✓ I acknowledge and understand that my monthly membership fee will be automatically transferred from my selected choice of payment each month on the same day each month. This day of the month is the beginning of that month's services. In the event payment is not received, C3 will notify me through my given contact information and will charge a \$25 late fee.
- ✓ I acknowledge and understand that C3 may add or discontinue services included in the fee or increase my fee schedule at any time (but no more than once annually) and that I will be given at least sixty (60) days' notice of fee schedule changes.
- ✓ I acknowledge and understand that C3 may cancel this Patient Agreement for cause due to nonpayment of fees or for unruly, threatening, or inappropriate behavior by providing me written notice. Any pre-paid monthly fees will be prorated from the date of cancellation and returned to me within ten (10) business days less any pending balances due or unpaid cancellation fees.
- ✓ I understand that it is my responsibility to inform C3 of any changes to my credit/debit card or bank account information.
- ✓ I acknowledge that Health Savings Accounts ("HSA")/Flexible Spending Accounts ("FSA") may be used for payments/fees following the rules of each plan but C3 in no way guarantees reimbursement for Services. C3 recommends that the Member discuss tax guidelines/law with their accountant or attorney.
- ✓ I understand that I am responsible for all bills associated with services provided outside the direct agreement for primary care services, whether provided by C3 or another organization or individual.

Insurance, Coverage, and Medicare:

- ✓ I acknowledge and understand that this agreement does not provide comprehensive health insurance coverage nor is it a contract of insurance. It only provides for primary care health care services as specifically described in the Member Guide.
- ✓ I recognize that I am encouraged to obtain conventional private individual, catastrophic, or comprehensive health insurance.
- ✓ I acknowledge and understand that C3 will not bill an insurance carrier, Medicare or Medicaid for any services provided.
- ✓ I acknowledge that neither C3 nor the Provider participates in any health insurance or HMO plans. C3 makes no representations whatsoever that any fees paid under this Agreement are covered by health insurance or other third-party payment plans applicable to the Member.
- ✓ I acknowledge that any submissions for insurance reimbursement are between the Principal and/or Member and their insurance company, according to the terms of their individual insurance contracts. C3's role is limited to providing Members with receipts for office visits with relevant billing codes. There is no guarantee of reimbursement by the Member's insurance company.



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- ✓ I acknowledge that THIS AGREEMENT IS NOT A CONTRACT THAT PROVIDES HEALTH INSURANCE.
- ✓ I acknowledge and understand that if I cancel this Member Agreement, I may not reenroll until 12 months after the date of my written cancellation and I must submit a registration fee of \$300 along with the other requirements of enrollment. C3 makes no representations that I will be able to reenroll at some future date.

Terms Member Agreement:

- ✓ I understand that my enrollment in C3 is a commitment to my ongoing health and wellness. I agree to commit to plans for my medical care which have been agreed upon by my provider and me.
- ✓ I agree to disclose all information relating to my health condition and to actively collaborate with my health care provider to understand my treatment options and develop the best course of action.
- ✓ I understand that I will be forthright with regard to my prescription medication and my use of them.
- ✓ I understand that it is my responsibility to ensure that C3 has correct contact information (e.g. mailing address, phone) for my account.
- ✓ I agree to arrive on time for my appointment or be available for home visits as scheduled. If I do not arrive on time, my provider may not be able to spend as much time with me as I may need.

Privacy and communication:

- ✓ I understand that I have the right to speak in confidence with my C3 provider and to have my health care information protected. I understand that C3 will not disclose my information without my authorization or without a legal obligation to do so. I also understand that I have the right to review and receive a copy of my personal medical record and may request that my health care provider amend my record if I feel it is inaccurate or incomplete by contacting my C3 provider.
- ✓ I acknowledge that E-mail is not an appropriate means of communication in an emergency, for time- sensitive problems, or for disclosing sensitive information. I further agree that:
 - ❖ In an emergency, or a situation that Member could reasonably expect to develop into an emergency, Member understands and agrees to call 911, and follow the directions of emergency personnel.
 - ❖ If Member does not receive a response to an e-mail/text message within 24 hours, Member agrees that Member will contact C3 by telephone or other means. If it is an urgent issue and email/text message had not been answered within one hour, Member agrees to call C3 using the phone number within



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one hour, Member agrees to call the C3 using the phone number provided upon enrollment.

- ❖ C3 will not be liable for any loss, injury, or expense arising from a delay in responding to Member when that delay is caused by technical failure. Examples of technical failures include but are not limited to: (i) failures caused by an internet service provider, (ii) power outages, (iii) failure of electronic messaging software or email providers (iv) failure of C3's computers or computer network, or faulty telephone or cable transmission, or (v) any interception of e-mail communications by a third party.

Cancellations and complaints:

- ✓ I agree to call C3 at least 24 hours before an appointment if I need to cancel so that other patients can use my visit time. If I fail to cancel with a 24-hour notice, I am subject to a \$25 cancellation fee.
- ✓ I acknowledge and understand that I am free to cancel this Member Agreement at any time by providing thirty (30) day written notice to C3 at jennifer@contemporarycareclinic.com. Monthly fees will continue to accrue until the written cancellation is received.
- ✓ I understand that if I am dissatisfied for any reason, I may contact the C3 provider at the number provided upon enrollment.
- ✓ I agree to first bring any/all issues to the attention of C3 directly to resolve. I understand that I may address any unresolved complaints to the attention of the Texas Medical board at Complaint Hotline 1-800-201-9353 or the Texas Board of Nursing by calling (512) 305-6838 or the Health Professions Council Complaint Line at 1-800-821-3205, or you may simply write out your complaint on plain paper. Your complaint can be faxed to (512) 305-6870 or mailed to: Texas Board of Nursing, Enforcement, Suite 3-460, 333 Guadalupe St, Austin, Texas 78701.

My electronic acceptance of this document at registration demonstrates my agreement to become a C3 Contemporary Care Clinic member and I agree to the terms outlined in this Patient Agreement. Parents or guardians of members under age 18 may accept on their behalf as their representative. This Patient Agreement will become effective when electronically accepted by the member at registration.