FFDPC Direct Primary Care Enrollment Agreement

1 Patient Information

Last Name:	First Name:	MI:	DOB: ___/___/_____	Gender: M ☐ F ☐
Home Address:	City:		State:	Zip:
Billing Address:	City:		State:	Zip:
Primary Phone:	Secondary Phone:			
Email:	Do you authorize email contact regarding medical care? Yes ☐ No ☐			
Employer:				
Employer Address:	City:		State:	Zip:
Emergency Contact:	Phone:		Relationship:	

2 Membership

Start Date:	Preferred Physician:
Do you have insurance? Yes ☐ No ☐	

3 Billing

Payment Schedule: Annual ☐ Semi Annual ☐ Monthly ☐			
Payment Method: Visa ☐ Mastercard ☐ American Express ☐ Discover ☐ ACH ☐			
Name on Card:	Number:	Expiration:	CVV:
Billing Address:	City:	State:	Zip:
Account Number:	Routing Number:		

4 Billing Authorization

By signing below, patient/guarantor authorizes and acknowledges as follows:

- FFDPC may contact patient/guarantor using the information provided above;
- FFDPC may charge my credit/debit card for patient's registration fee, periodic membership fee, and any incidental charges incurred as a result of patient's registration with FFDPC together with the registration fee, periodic membership fee, and any incidental charges of any individual members associated with patient/guarantor's account;
- FFDPC's authorization shall remain in force until FFDPC has been provided with written notification of its termination in such time an manner as to allow FFDPC time and opportunity to act upon it;
- Participation as a member of FFDPC is continuous and recurring credit/debit card charges are authorized in accordance with the payment schedule; and
- Patient/guarantor shall be charged and will pay a $25 fee for declined transactions authorized here that are not honored by the credit/debit card company.

Card/Account Holder Signature: Date:

5 Enrollment

Patient is voluntarily becoming an FFDPC patient and agrees as follows:

- Patient/Parent/Guardian has reviewed Patient's *FFDPC Patient Services Guide* and has been given the opportunity to inquire and received answers about its contents.
- This Enrollment Agreement establishes a professional relationship for specified personal health care services as described in Patient's *FFDPC Patient Services Guide* and is not a contract of insurance or for comprehensive health insurance coverage.
- Patient/Guarantor is responsible for the registration fee, periodic membership fee, and any incidental charges for services provided by FFDPC and FFDPC will not bill insurance carriers or other third-party payers for any services provided by FFDPC.
- Patient/Guarantor will pay the periodic membership fee on or before its due date. Upon failure to make a timely payment, a $25 late fee will be assessed and services under this Enrollment Agreement may be terminated until payments due are made current.
- Patient/Guarantor is responsible for any charges incurred for health care services performed outside of FFDPC including but not limited to emergency room visits, hospital and specialty services, advanced imaging, or laboratory tests performed in outside, third-party laboratories.
- FFDPC will maintain a record of Patient's health information and will protect Patient's privacy consistent with the *Notice of Privacy Practices* (a copy of which is available upon request) and the Health Insurance Portability and Accountability Act (HIPAA) and other applicable law.
- Patient may terminate this Enrollment Agreement at any time and for any or no reason by providing written notice to FFDPC. Periodic membership fees will continue to accrue until written termination notice is received by FFDPC. Membership will terminate on the last day of the month in which written termination notice is received. If patient has pre-paid membership fees beyond the date of termination, those fees will be reimbursed within 30 days of receipt of notice of termination.
- FFDPC may terminate this Enrollment Agreement based upon non-payment of fees or for disruptive, threatening, unlawful or other

inappropriate behavior by Patient by providing written notice to Patient. Membership will terminate on the last day of the month in which written termination notice is provided. If patient has pre-paid membership fees beyond the date of termination, those fees will be reimbursed within 30 days of delivery of notice of termination. FFDPC will not terminate this Enrollment Agreement based solely on the Patient's health status.

- FFDPC may, at any time, modify or amend Patient's *FFDPC Patient Services Guide* by adding to or deleting from the services provided or increasing Patient's fee schedule. Patient/Guarantor will be provided at least 60 days notice of any change to Patient's *FFDPC Patient Services Guide*.
- Patient is not enrolled in Medicare or Medicaid. In the event Patient becomes a Medicare/Medicaid beneficiary, Patient will immediately notify FFDPC and this agreement will terminate.
- In the event Patient has complaints or concerns about any element of Patient's relationship with FFDPC, its practitioners or personnel, Patient shall bring the issue to the attention of FFDPC's staff and participate in FFDPC's complaint and grievance process.

6 Rights and Responsibilities

Patient shall have the following rights:

- The right to accurate, easy-to-understand information about FFDPC's services, practitioners, and facilities.
- The right to choose Patient's personal health care practitioner. FFDPC will make all reasonable efforts to accommodate Patient's request for a specific practitioner so long as the practitioner's patient panel is open to new patients.
- The right to all available information necessary to make informed decisions about Patient's healthcare.
- The right to be informed of all treatment options and to participate in health care decisions. Parents, guardians, family members and other individuals may represent Patient if Patient cannot participate in those decisions.
- The right to refuse treatment.
- The right to be treated with respect, good manners, civility and professionalism free from discrimination based upon gender, age, race, national origin, religion, sexual orientation or disability.
- The right to privacy and confidentiality with respect to your treatment and health care information. FFDPC will not disclose Patient's health care information without authorization from Patient, legal requirement, or as necessary for Patient's care and authorized by law. Patient will be provided access to Patient's personal health care records upon request.
- The right to report and seek a prompt resolution to any concerns or problems Patient may have with Patient's health care including billing or business issues, denial of treatment, waiting times, adequacy of services and facilities, or conduct of FFDPC's practitioners and personnel.

Patient shall have the following responsibilities:

- The responsibility to treat FFDPC's healthcare practitioners and personnel with respect, good manners and civility.
- The responsibility to take care to avoid exposing Patient or others to the spread of disease or danger.
- The responsibility to be actively involved in Patient's health care decisions.
- The responsibility to disclose all relevant information to FFDPC's practitioners necessary to enable them to provide proper treatment and assist Patient in accomplishing health goals and objectives and to inform FFDPC of any care or treatment received from health care providers outside of FFDPC.
- The responsibility to comply with the requirements of this Enrollment Agreement.

7 Signature

Signature:	Date:
Printed Name:	Status: Patient ☐ Parent ☐ Legal Guardian ☐