

Foothills Family Care Member Services Agreement

Welcome to Foothills Family Care's direct primary care program for individuals and families. This monthly membership program centered on creating a meaningful patient experience by caring and coaching patients to optimal health. Foothills Family Care delivers convenient access to high quality primary health care services for one low monthly fee.

Foothills Family Care is an innovative health care solution serving most men, women and children by providing comprehensive primary health care services. Dr. Carroll is committed to changing the way the established medical system operates and promises to deliver primary care by caring and coaching patients to optimal health.

Foothills Family Care Membership

Foothills Family Care providers offer a wide range of adult and family primary care services, including but not limited to:

- Preventive health care
- Weight management and health risk assessment
- Same-day or next-day appointments based on medical need
- Acute care and chronic disease management
- Dermatology including biopsy/removal of skin cancer
- Gynecologic care including Pap smears and pelvic exams
- Mental health, including treatment for depression, anxiety and other mood disorders
- Simple orthopedic injuries – strains and sprains, non-displaced fractures
- School, sports and workplace physicals
- Stress management
- Acute injuries including lacerations requiring skin stitching
- Well checks for adults, infants and children.

Please call 911 in the event of a medical emergency.

Maximize Your Foothills Family Care Membership

Foothills Family Care is not a health insurance plan. While the majority of primary care services are included in the Foothills Family Care membership, additional costs may be incurred for laboratory, medical imaging, surgery, specialist care, emergency department visits and hospitalization. For this reason, patients are generally best served by combining Foothills Family Care membership with a high-deductible insurance policy to cover specialist physician and hospital services. Speak with a health insurance broker to determine which plan may best serve you and your family.

Cory D. Carroll, M.D.
Foothills Family Care
1032 Luke Street, Suite 1
Fort Collins, CO 80524

Member Services Agreement

Monthly Membership Fees

Adult (40-64): \$55/month (\$660/yr. or Prepay for a full year = \$605)

Young Adult (18-39): \$40/month (\$480/yr. or Prepay for a full year = \$440)

Child/Teen (<18): \$15/month (\$180/yr. or Prepay for a full year = \$165), with one parent/guardian membership

Older Adult (> 65): \$70/month (\$840/yr. or Prepay for a full year = \$770)

DISCOUNTS

- Couples/family: 15% discount on total monthly cost
- Prepay for one year: 1 month discount
- Achieve health goals, attend Paradigm Shift classes, move towards a plant dominated diet: 10% discount on total monthly cost

NEW PATIENTS JOINING FEE

The new patient joining fee is \$29 per member and is non-refundable. The fee covers the cost of reviewing medical records and understanding your current state of health. Additionally, a new member must sign up for a minimum of 3 months and this as well is non-refundable. Dr. Carroll requests a one-time free visit to discuss his practice style and see if the DPC model will work for you (and him).

Government Health Programs

Foothills Family Care Direct Primary Care will not participate with Medicare Insurance effective October 1, 2016. Dr. Carroll voluntarily "opted out" of Medicare to legally allow Medicare eligible beneficiaries the option to join his DPC practice. Dr. Carroll will still see patients enrolled in Medicaid and bill for those patients utilizing the traditional fee for service model available under that governmental program.

Pre-existing Conditions

Some medical conditions require specialty care and/or costly prescription medications. In some cases, the cost of required treatment(s) far outweighs the savings traditionally offered through Foothills Family Care DPC membership.

Patients who may not benefit from Foothills Family Care DPC include those living with and undergoing treatment for medical conditions for which generic and/or less costly medications and drug therapies are not available, including but not limited to:

- Active cancers requiring chemotherapy and/or radiation
- Hepatitis C requiring antiviral and/or interferon therapy
- Multiple sclerosis requiring interferon medications
- Rheumatic diseases such as rheumatoid arthritis or lupus requiring tumor-necrosis-factor alpha (TNF-a) inhibitors

Contact us to determine if you may benefit from Foothills Family Care DPC (office@drcorycarroll.com or 970-221-5858).

MEMBERSHIP TERMS & CONDITIONS

1. I understand that Dr. Carroll is the only provider at Foothills Family Care and currently there are no midlevel providers to choose from.
2. I understand that I have the right to accurate, up-to-date and easy-to-understand information about Foothills Family Care programs and services.
3. I understand that pre-existing medical conditions do not disqualify me from enrolling in Foothills Family Care.
4. I understand that I have the right to know and participate in my treatment options.
5. I understand that Foothills Family Care expects my active participation in my health and to be willing to change poor health behaviors.
6. I understand that I have the right to a fair, expedient and objective review of any complaint I may have against Foothills Family Care. All suggestions and patient feedback should be directed to office@drcorycarroll.com.
7. I understand that in the event of a life-threatening medical condition, I should always call 911 or proceed to the nearest emergency department. Note: Emergency department services are not included in Foothills Family Care membership.
8. I understand that Dr. Carroll will be available for telephone consultations in the event of an urgent medical matter but cannot promise 24/7 availability. Please call 911 or proceed to the nearest emergency department if immediate medical attention and/or treatment is required.
9. I understand and agree to the scope of coverage, including limitations, of my Foothills Family Care membership.
10. I understand that Foothills Family Care is not an insurance plan and DOES NOT PROVIDE COMPREHENSIVE HEALTH INSURANCE COVERAGE, nor is this a contract of insurance.
11. I understand that Foothills Family Care must abide by all patient privacy rules and regulation mandated by the Health Insurance Portability and Accountability Act (HIPAA).
12. I understand and agree to pay my monthly membership fee by the due date via an electronic funds transfer from a bank account (Automated Clearing House – ACH), debit or credit card transaction or via check or cash. I understand that transactions declined due to insufficient funds and expired credit cards may result in an additional fee of \$50 and that failure to comply with payment terms may result in termination of my membership.
13. I understand that an 8.33% (one month free) discount will be applied if I prepay my Foothills Family Care membership for an entire year (12 months).
14. I understand that services will not be rendered for patients with past due accounts.
15. I understand that I may terminate my Foothills Family Care membership at any time by providing written notice (mail or email) 30 days prior to the scheduled payment date for the next month.
16. I understand that Dr. Carroll may, at his discretion, terminate my membership by providing written notice 30 days in advance of termination.
17. I understand that if I choose to re-enroll in Foothills Family Care after terminating my membership due to non-payment, I will be expected to pay my current balance and the standard new patient registration fee of \$29 per member.
18. I understand that Foothills Family Care may add, discontinue or otherwise alter membership service offerings and the terms of this contract and fee schedule at any time. However, membership rates will remain fixed per contract for a period of at least 90 days. I will receive written notice at least 60 days in advance of any fee or service changes.

PATIENT NAME (Please Print): _____

SIGNATURE: _____ DATE: _____