



Remedy Health Patient Service Agreement

The Practice is an affiliation of three distinct entities of health care providers (“Providers”), who provide primary care medical and health services, dental care services, and eye care services respectively on behalf of the collective Practice. The affiliation of Providers includes:

Remedy Health Direct Primary Care
5014 E 101st St, Suite 200
Tulsa, OK 74137

Insight Eye Care
12140 South Waco Avenue
Glenpool, OK 74033

Groves Family and Cosmetic Dentistry
9119 S Toledo Ave
Tulsa, OK 74137

In exchange for certain fees paid by Patient, the Practice, through its affiliation of Providers, agrees to provide Patient with the Services described in this Agreement on the terms and conditions set forth in this Agreement.

1. Patient. A patient is defined as those persons for whom the Providers shall provide Services, and who agree to be bound by the terms of this agreement. A parent or legal guardian can accept this agreement on behalf of minors in their care.

2. Services. As used in this Agreement, the term “Services” shall mean a package of ongoing eye care services, dental care services, and primary care services, both medical and non-medical, and certain amenities, which are offered by Practice, and set forth in Appendix 1. The Patient will be provided with methods to contact Provider via phone, email, and other methods of electronic communication. Provider will make every effort to address the needs of the Patient in a timely manner, but cannot guarantee availability, and cannot guarantee that the patient will not need to seek treatment in the urgent care or emergency department setting.

3. Fees. In exchange for the services described herein, Patient agrees to pay Practice the amount as set forth in Appendix 1, attached. If this Agreement is terminated by Patient before the end of an applicable annual period, then the Practice shall seek payment in full for the remainder of the first year’s term if not yet completed. Practice shall seek only partial payment for the final month of service based on the number of days of membership provided to the patient and the itemized charges, set forth in Appendix 1, for services rendered to Patient up to



the date of termination beyond the minimum term of twelve (12) months. Fees are subject to change in the future, but Patient will be provided ninety (90) days' notice prior to any fee change taking effect.

4. Non-Participation in Insurance. Patient acknowledges that neither Practice, nor the Providers participate in any health insurance or HMO plans. Neither the Practice nor Providers make any representations regarding third party insurance reimbursement of fees paid under this Agreement. The Patient shall retain full and complete responsibility for any such determination.

5. Insurance or Other Medical Coverage. Patient acknowledges and understands that this Agreement is not an insurance plan, and not a substitute for health insurance or other health plan coverage (such as membership in an HMO). It will not cover hospital services, or any services not personally provided by Practice, or its Providers. Patient acknowledges that Practice has advised that patient obtain or keep in full force such health insurance policy(ies) or plans that will cover Patient for general healthcare costs. Patient acknowledges that THIS AGREEMENT IS **NOT** A CONTRACT THAT PROVIDES HEALTH INSURANCE, in isolation does NOT meet the insurance requirements of the Affordable Care Act, and is not intended to replace any existing or future health insurance or health plan coverage that Patient may carry. This Agreement is for ongoing primary care, and the Patient may need to visit the emergency room or urgent care from time to time. Physician will make every effort to be available at all times via phone, email, other methods such as "after hours" appointments when appropriate, but Provider cannot guarantee 24/7 availability.

6. Term. This Agreement will commence on the date it is accepted by Patient and will extend monthly thereafter. The minimum term is ONE (1) year. Notwithstanding the above, both Patient and Practice shall have the absolute and unconditional right to terminate the Agreement, without the showing of any cause for termination. The Patient may terminate the agreement with 30 days' notice so Practice may continue to provide stellar service with no fine print or extra hoops to jump through while Patient finds a new medical provider. The Practice shall give thirty days prior written notice to the Patient and shall provide the patient with a list of other Practices in the community in a manner consistent with local patient abandonment laws. Unless previously terminated as set forth above, at the expiration of the initial one-month term (and each succeeding monthly term), the Agreement will automatically renew for successive annual terms upon the payment of the monthly fee at the end of the contract month. Examples of reasons the Practice may wish to terminate the agreement with the Patient may include but are not limited to:

- a. The Patient fails to pay applicable fees owed pursuant to Appendix 1 of this Agreement;
- b. The Patient has performed an act that constitutes fraud;



- c. The Patient repeatedly fails to adhere to the recommended treatment plan, especially regarding the use of controlled substances;
- d. The Patient is abusive, or presents an emotional or physical danger to the staff or other patients of Practice;
- e. Practice discontinues operation; and
- f. Practice has a right to determine whom to accept as a patient, just as a patient has the right to choose his or her physician. Practice may also terminate a patient without cause as long as the termination is handled appropriately (without violating patient abandonment laws).

7. Privacy & Communications. You acknowledge that communications with the Providers using e-mail, facsimile, video chat, instant messaging, and cell phone are not guaranteed to be secure or confidential methods of communications. The Practice will make an effort to secure all communications via passwords and other protective means as recommended by standard HIPAA regulations and practices. The Practice will make an effort to promote the utilization of the most secure methods of communication, such as software platforms with data encryption, HIPAA familiarity, and a willingness to sign HIPAA Business Associate Agreements. This may mean that conversations over certain communication platforms are highlighted as preferable based on higher levels of data encryption, but many communication platforms, including email, may be made available to the patient. If the Patient initiates a conversation in which the Patient discloses “Protected Health Information (PHI)” on one or more of these communication platforms then the Patient has authorized the Practice to communicate with the Patient regarding PHI in the same format.

8. Severability. If for any reason any provision of this Agreement shall be deemed legally invalid or unenforceable by a court of competent jurisdiction, 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.

9. Reimbursement for Services if Agreement is Invalidated. If this Agreement is held to be invalid for any reason, and if Practice is therefore required to refund all or any portion of the monthly fees paid by Patient, Patient agrees to pay Practice an amount equal to the fair market value of the Services actually rendered to Patient during the period of time for which the refunded fees were paid.

10. Acceptance of Patients. We reserve the right to accept or decline patients based upon our capability to appropriately handle the patient’s primary care needs. We may decline new patients pursuant to the guidelines proffered in Section 6 (Term), because the Physician’s panel of patients is full (capped at 800 patients or fewer), or because the patient requires medical care not within the Physician’s scope of services.



11. Assignment. This Agreement, and any rights Patient may have under it, may not be assigned or transferred by Patient.

12. Jurisdiction. This Agreement shall be governed and construed under the laws of the State of Oklahoma and all disputes arising out of this Agreement shall be settled in the court of proper venue and jurisdiction for the Practice address in Tulsa, Oklahoma.

13. Patient Understandings.

- a. This Agreement is for ongoing primary care, dental care, and eye care and is NOT a medical insurance agreement.
- b. I do NOT have an emergent medical problem at this time.
- c. In the event of a medical emergency, I agree to call 911 first.
- d. I do NOT expect the practice to file or fight any third-party insurance claims on my behalf.
- e. In the event I have a complaint about the Practice I will first notify the Practice directly.
- f. This Agreement (without a “wrap around” compliant insurance policy) does not meet the individual insurance requirement of the Affordable Care Act.
- g. I am enrolling myself (and my family if applicable) in the practice voluntarily.
- h. I may receive a copy of this document upon request.
- i. This Agreement is non-transferable.



APPENDIX 1

Periodic Fees and Services

This Agreement is for ongoing primary care, dental care, and eye care. This Agreement is NOT HEALTH INSURANCE and is NOT A HEALTH MAINTENANCE ORGANIZATION. Patient may need to use the care of specialists, emergency rooms, and urgent care centers that are outside the scope of this Agreement. Each Provider within the Practice will make an appropriate determination about the scope of primary care, dental, and eye care services offered by the Provider. Examples of common conditions we treat, procedures we perform, and medications we prescribe are listed on our website and are subject to change.

Enrollment Fee

The enrollment fee is the equivalent of one month's membership fee, i.e. \$125.00 per month for individuals ages 20 and up, and \$65.00 per month for individuals ages 0 through 19. If the patient is already a Remedy Health Direct Primary Care patient member, the amount of enrollment fee paid upon becoming a patient of Remedy Health Direct Primary Care will be deducted from the Remedy Health enrollment fee. For example, an adult Remedy Health Direct Primary Care patient member who already paid \$79 in an enrollment fee will pay a reduced enrollment fee of \$46 ($\$125 - \$79 = \46) upon becoming a Remedy Health patient member.

Monthly Periodic Fee (billed at the beginning of the service period)

This fee is for ongoing primary care, dental care, and eye care services. There is no cap for the number of primary care in-office visits or virtual visits (e-mail, electronic, phone). We prefer that you schedule visits more than 24 hours in advance when possible.

The monthly periodic fee is \$125.00 per month for individuals ages 20 and up, and \$65.00 per month for individuals ages 0 through 19 (due at the end of the month of service). Fees are subject to change in the future, but Patient will be provided ninety (90) days' notice prior to any fee change taking effect.

The periodic fee will be billed at the beginning of the month. The Patient is entitled to leave the practice at any time and be assigned a prorated final bill based upon the date of withdrawal from the practice after the initial twelve (12) month term.



Early Termination Fee. If a Patient cancels their membership with Practice prior to the completion of the first ONE (1) year term, the remainder of membership of term shall be due within 30 days of termination.

After-Hours Visits. There is no guarantee of after-hours availability. This agreement is for ongoing primary care, not emergency or urgent care. Your physician will make reasonable efforts to see you as needed after hours if your physician is available.

Ongoing Primary Care is included with the Periodic Fee described herein. Please see a list of some of the chronic conditions we routinely treat on the Practice website (subject to change). There are no itemized fees for office visits.

In-Office Procedures we are generally comfortable performing are listed on the Practice website. These are typically available at no additional cost unless otherwise designated, and these are also subject to change.

Ancillary Services

Some ancillary services will be passed through “at cost” (no markup by us). Examples of these ancillary services include laboratory testing and radiologic testing. These are described below. Many services available in our office (such as EKGs) are available at no additional cost to you. Items available at no additional cost will be listed on our website and are subject to change.

Medications. We have negotiated with a local pharmacy, Freeland Brown Pharmacy (and its network of affiliates), for discounted cash prices on prescription drugs. We can submit your prescriptions to Freeland Brown Pharmacy or one of its affiliates to be filled at the negotiated cash pricing, or you may request that we submit your prescriptions to a pharmacy of your choice for cash pay or filing with your separate insurance policy.

Laboratory Studies will be charged according to the direct price rate we have negotiated with the lab. An example of common laboratory studies and their prices (subject to change) are listed on the Practice website.

Pathology studies will be ordered in the most economical manner possible. Anticipated prices for these studies (subject to change) are listed on the Practice website.



Radiology studies will be ordered in the most cost-effective manner possible for the Patient. Commonly ordered radiologic studies and prices (subject to change) are listed on the website.

Surgery and specialist consults will be ordered in the most cost-effective manner possible for the Patient. Patient will be responsible for costs incurred for these services. The Practice strongly encourages Patient to maintain a high-deductible health insurance policy to cover these costs, should they arise.

Vaccinations are NOT offered in our office at this time due to the cost prohibitive nature of stocking a limited supply. We will make an effort to help you obtain needed vaccinations elsewhere in the most cost-effective manner possible.

Dental Services

Per annual enrollment period, each ADULT member may receive up to but not exceeding TWO (2) regular professional dental cleanings; with comprehensive/ periodic dental examination including: Head/Neck Examination, Hard Tissue Examination, Soft Tissue Examination, and Oral Cancer Screening. For applicable ADULT patients enrolled in therapy to treat periodontal disease of the oral environment, per annual enrollment period, up to but not exceeding TWO (2) periodontal maintenance/cleaning visits; with comprehensive/periodic dental examination including: Head/Neck Examination, Hard Tissue Examination, Soft Tissue Examination, Periodontal Assessment and Oral Cancer Screening.

Per annual enrollment period, each CHILD member may receive up to but not exceeding TWO (2) regular professional dental cleanings; with comprehensive/ periodic dental examination including: Head/Neck Examination, Hard Tissue Examination, Soft Tissue Examination, and Oral Cancer Screening AND periodic Topical Fluoride Treatment.

Modifiers to these benefits may be agreed upon by provider and patient when applicable on an individual patient basis.

Per annual enrollment period, each member may receive TWO (2) emergency dental visits that include: Problem-focused examination, and any diagnostic procedures deemed necessary by provider including but not limited to radiographic imaging, digital imaging, periodontal assessment, and TMJ assessments.

Modifiers to these benefits may be agreed upon by provider and patient when applicable on an individual patient basis.



Per annual enrollment period, each member may receive UNLIMITED digital radiographic images (Panoramic X-ray, bitewing X-ray series, or individual X-rays) taken during the qualified periodic or emergency examinations.

Modifiers to these benefits may be agreed upon by provider and patient when applicable on an individual patient basis.

At any time during the annual enrolment period, each member may receive any other agreed upon diagnostic, periodontal, minor and major restorative, endodontic, implant, oral surgical, prosthodontic, AND cosmetic or whitening procedure at a plan-discounted fee schedule representing a SAVINGS of 20% or MORE per procedure.

Eyecare Services

Per annual enrollment period, each member may receive a comprehensive eye exam that includes a refraction for a glasses prescription and full dilated medical eye examination. This will also include the up to date digital eye scan package that includes retinal photography and disease scans of different parts of the eyes.

Modifiers to these benefits may be agreed upon by provider and patient when applicable on an individual patient basis.

Per annual enrollment period, each member may receive ONE (1) emergency eyecare visits that include: Problem-focused examination. This does not include any procedures, surgeries, or disease scanning.

Modifiers to these benefits may be agreed upon by provider and patient when applicable on an individual patient basis.

As a Remedy Health member, you will also get 15% off of glasses frames and lenses, discount on laser eye surgery of \$2500 from list price, and discounts and memberships for eye disease care and testing. Discounts are not applicable to contact lens sales or corneal and tear evaluation due to wearing contacts.

Modifiers to these benefits may be agreed upon by provider and patient when applicable on an individual patient basis.

The member agrees to pay the monthly fee for an entire 12 months to receive any benefits. In the event a member cancels their membership they will owe the remaining 12 months "fees" or



“dues” in full. If there are attempts to end early and not pay the remaining balance, collections will be enforced for the owed balance plus monthly interest and collection fees. For more details see the billing policy on our website.