Membership Agreement

Decision to join: I understand and affirm that I am voluntarily registering to become an 8 Flags Direct Primary Care (a Limited Liability Company registered in the State of Florida - herein "8 Flags Direct Primary Care") member for primary medical care services on behalf of myself or individuals for whom I am a parent or legal guardian. This agreement is non-transferable. This agreement is effective on completion of all paperwork and the receipt of payment of the registration fee by 8 Flags Direct Primary Care. By signing below, I affirm that I have reviewed the list of services provided and had the opportunity to ask questions and receive answers regarding its content. I also affirm that I am 16 years old or older. If the patient is under the age of 18, I (parent or legal guardian) accept the terms of this membership agreement on behalf of the minor patient.

Direct Primary Care is NOT insurance: I understand that 8 Flags Direct Primary Care does not provide comprehensive health insurance coverage of any kind. It only provides for primary healthcare services as specifically described in the list of services. 8 Flags Direct Primary Care will not bill insurance carriers, Medicare or Medicaid for any services. Also, I will not seek reimbursement from any insurance carrier for the services rendered by 8 Flags Direct Primary Care. I recognize that I am encouraged to obtain individual, catastrophic, or comprehensive health insurance. **If I have Medicare, I have signed a Medicare Opt-Out Agreement.**

Communications: I acknowledge that communications with the Healthcare provider using e-mail, fax, instant messaging, and cell phone are not guaranteed to be secure or confidential methods of communications. I waive the Healthcare provider's obligation to guarantee confidentiality with respect to correspondence using such means of communication. I acknowledge that all such communications may become a part of my medical record. By providing my e-mail address, I authorize 8 Flags Direct Primary Care to communicate with me by e-mail regarding my "protected health information" (PHI) (as that term is defined in the Health Insurance Portability and Accountability Act (HIPAA) of 1996 and it's implementing regulations).

I understand that electronic communication is not an appropriate means of communication during an emergency. In the event of an emergency or possible emergency, a Member should call 911 or go to the nearest Emergency room. For time-sensitive issues or for sensitive information, please call the office directly.

In the event that Jan Carver, APRN-BC will be out due to vacations, sick days, and other similar situations, all efforts will be made to notify patients of the unavailability. During such times, Patient's calls to the Healthcare provider, or to the Healthcare provider's office, will be directed to a medical assistant who is covering for the Healthcare provider during her absence – the medical assistant will be available to answer messages. 8 Flags Direct Primary Care will make every effort to arrange for coverage but can't guarantee such coverage.

Jan Carver, APRN-BC will try to have a response time for any electronic or telephone communication during the daytime within 4 hours.

Charge responsibility: I am responsible for the charges incurred for health care services. 8 Flags Direct Primary Care provides services common to adult primary care including: managing diagnostic, laboratory, and procedural aspects of basic medical care as well as offering guidance and counsel regarding health, disease processes and medical treatment (see list of services). 8 Flags Direct Primary Care is not responsible for non-primary care services including, but not limited to, prescription drug costs, emergency room visits, hospitalizations, surgeries, specialist care, ongoing counseling services, imaging, and lab tests performed by third parties. It is my responsibility to pay all costs and fees.

Billing: I understand that to become a 8 Flags Direct Primary Care member, I must give my authorization for automatic monthly payment of my monthly membership fee. I acknowledge and understand that my monthly membership fee will be automatically transferred from my selected choice of payment on the fifth (5th) of each month.

In the event payment is not received, 8 Flags Direct Primary Care will notify me through my given contact information and will charge a $25 late fee per week that the payment is late. If membership is not paid in full by the end of the month, membership will be cancelled.

Leaving the practice: I understand that I am free to cancel this Member Agreement at any time for any reason by providing a 30-day written notice to 8 Flags Direct Primary Care, 501 Centre St. Suite 107 Fernandina Beach, FL 32034. Monthly fees will continue to accrue until the written notice is received.

Termination: 8 Flags Direct Primary Care may cancel my 8 Flags Direct Primary Care membership for non-payment of fees or for unruly, threatening, or inappropriate behavior by providing me written notice in accordance with the law. 8 Flags Direct Primary Care will not terminate this Membership Contract based on health status.

Rejoining 8 Flags DPC: If I cancel my 8 Flags Direct Primary Care membership, I may not rejoin the practice without paying a $250 rejoining fee for each member of my family and get written permission from the healthcare provider. I understand that rejoining 8 Flags DPC is based on membership availability at the time I wish to rejoin.

Health Savings, Health Reimbursement, and Flexible Spending Accounts for Direct Primary Care: I, the patient, have the responsibility to check with my human resources department or my accountant regarding the use of these funds to pay for my membership.

Fees: Please see current membership pricing on our website at www.8flagsdpc.com

I recognize that 8 Flags Direct Primary Care may add or discontinue services or may increase my fees (not more than once a year) and I will be given written notice of such changes at least sixty (60) days before these fees go into effect.

Signature: ____ Date: ____________________

Printed Name: ____

If you are a parent registering on behalf of a minor, please write the minor's name on the line(s) below. Your completion of this form will be interpreted as affirmation that you are the proper legal guardian of the minor. Only one form needs filled out by a parent or legal guardian and a copy will be scanned to each child's chart.

Name(s) of minor children:

______________________________________ ______________________________________

______________________________________ ______________________________________