



## CONCIERGE HEALTHCARE PACKAGE

Our concierge healthcare package is designed for patients who might desire a different kind of health care experience. If you are mostly healthy and uninsured, or you have health insurance but might have a high deductible. If you do not have time to wait for an appointment, would like more access to your healthcare provider, and would like to experience the freedom of things like telemedicine and free same-day office visits for acute issues, check out our concierge services.

### **The Ralls Family Medicine Concierge Healthcare Package includes:**

- Same day office visits or telemedicine visits for acute problems such as a cough, cold or flu-like symptoms during regular business hours or telemedicine after business hours
- Treatment for acute bacterial infections such as strep throat, sinus infections, and respiratory infections.
- Service covers visits for allergy and asthma exacerbations
- Treatment for other non-serious acute illnesses.
- Services also covers any testing and treatment performed or administered during associated office visit.
- One set of labs including a complete blood count, a metabolic panel which includes kidney & liver function, and a lipid panel.

**Cost for services is \$1000 per adult per calendar year from date of initial payment in full upon enrollment.**

There will be limited concierge packages sold to ensure participants will receive the best treatment possible.

Contact us at [johnhodes@rallsfamilymedicine.com](mailto:johnhodes@rallsfamilymedicine.com) or call 806.253.7111 for more information.

[RallsFamilyMedicine.com](http://RallsFamilyMedicine.com)

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## CONCIERGE HEALTHCARE PATIENT AGREEMENT

### Concierge Healthcare Patient Agreement

The Concierge Healthcare Patient Agreement has been made and entered into effective as of the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, between John C. Hodges FNP-C (Provider), Ralls Family Medicine, PLLC, a Texas Professional Limited Liability Company (Practice), and \_\_\_\_\_(Patient).

This agreement specifies the terms and conditions of the Ralls Family Medicine Concierge Healthcare membership, in which the Practice, through its Provider, agrees to provide the patient with program services described in the agreement set forth below.

### SERVICES

The membership fee includes the following services: 1. Same-day office visits or telemedicine visits for acute viral infections such as Covid-19 and influenza, and other cough and cold symptoms 2. Same-day treatment for acute bacterial infections such as strep throat, sinus infection, and respiratory infection. 3. Visits for allergy and asthma exacerbations, as well as treatment for other non-serious acute illnesses (non-serious illness includes any visit that is a level 3, 4, or 5 ESI index). 4. Services cover any testing and treatment performed during the associated office visit. 5. Concierge service also covers after-hours telemedicine visits when appropriate, and after-hours access to your healthcare provider. 6. • One set of labs including a complete blood count, a metabolic panel which includes kidney & liver function, and a lipid panel.

### TERMS

Terms for this agreement are for one year, starting on the signature date of said agreement and terminating 365 calendar days after the signature date of this agreement. The agreement may (be renewed by the patient annually. The agreement can be terminated at any time by any party. Patient will be entitled to a prorated refund of money only if there is a breach of the agreement by the provider that is without just cause. This Agreement automatically terminates upon the death or dissolution of the either party.

### FEES

Ralls Family Medicine Concierge Healthcare membership fee is one thousand dollars (\$1000) per year, which is due and payable in full upon enrollment.



## CONCIERGE HEALTHCARE PATIENT AGREEMENT

CONTRACT NUMBER: \_\_\_\_\_

### INSURANCE/OTHER MEDICAL COVERAGE

Membership fee for Ralls Family Medicine Concierge Healthcare service covers the cost of the services offered by the program alone. This agreement is not an insurance plan, and is not a substitute for health insurance. No fees paid under the agreement are covered by the patient's health insurance coverage. This agreement does not supersede or modify the terms or conditions of the patient's health insurance. Patients are advised to keep regular health insurance that will cover patient for general health care needs.

### DESIGNATED COVERAGE

The patient understands that the provider may not be available from time to time and the provider may designate an equally qualified medical professional who will be allowed access to patient information to attend to the patient's medical needs.

### Patient Information

Please notify the clinic when there is an information change:

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Patient Mobile Phone \_\_\_\_\_

Patient Email \_\_\_\_\_

***By providing the information above, the patient acknowledges that private health information may need to be shared through text and email to provide good patient care.*** \_\_\_\_\_

(patient initials here)

Ralls Family Medicine Concierge provider signature: \_\_\_\_\_

Date: \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness by: \_\_\_\_\_ Date: \_\_\_\_\_

Paid by check: \_\_\_\_\_ Paid by credit card: \_\_\_\_\_

exp: \_\_\_\_\_ cvv: \_\_\_\_\_

Billing address: \_\_\_\_\_