



Choice Care

by

Marcy Zwelling, M D

Private Medical Services

MEMBERSHIP AGREEMENT

This Membership Agreement (the 'Agreement') describes the services and amenities provided by Dr. Zwelling-Aamot and her staff in the **Choice Care**TM Internal Medicine Concierge Program (the "Program"), explains how you may participate in the Program, and summarizes the terms and conditions of your membership. By electing to participate in the Program, you are deciding to make your health and well-being a top priority.

Choice CareTM: Dr. Zwelling-Aamot will provide the following services for you while you are a participant in the program: *Small and intimate practice size. *Minimal waiting for appointments made at a time that is convenient for you and your busy schedule. *Appointments by telephone when appropriate. *Access to Dr. Zwelling's contact information by personal phone, fax, or secure e-mail. *Lifestyle consultations focusing on preventive medicine and long-term health and wellness *Enhanced coordination with specialists. *Ultimate privacy in communications.

Choice CareTM is not an insurance premium, but may be a deductible expense and/or be partially or totally covered by flexible health savings accounts through your employer. Please check with your Employee Benefit Specialist or your tax advisor for details.

Occasional/vacation coverage: On infrequent occasions Dr. Zwelling is out of town but it always available by phone (excepting when she is in the air). Her computer is with her for email communication as well but that be a little limited. An excellent physician will be covering and available for management of hospital care and other services that may be required in my absence. For practical reasons we must reserve the right to designate another qualified physician to perform any and all services should the need arise.

Medicare: Due to Medicare regulations, we bill them directly for all covered services and we accept assignment.

Insurance: We are not contracted with any insurance company but we will provide you with a superbill upon request.

HMO: If you belong to an HMO, we will forward your authorization thru the PCP documented on your card. Be advised that you may have to visit this PCP in order to get your HMO benefits. This is the decision of your insurance carrier.

Additional benefits: As an additional benefit, pneumococcal, influenza, and tetanus vaccinations are included in the yearly membership assessment. All other injections or vaccination costs (travel) must be paid at the time of service. Other elective vaccinations must also be paid in full at the time of inoculation.

You may also purchase the opportunity for quarterly in home visits.

Lab: Cash lab costs are due at the time of service and can be paid directly to the laboratory excepting Zife patients. Please see the letter included with this contract for a full explanation.

(562-596-7584) phone * (562) 596-4360 fax

Marcy@z-doc.com * www.z-doc.com

3771 Katella Avenue, Suite #108, Los Alamitos, CA 90720

How to become a member: You may become a member in the Program by completing and returning the attached Authorization Form, together with your check or payment instructions. For new Choice Care Members, the period of your participation in the Program is one year, beginning on the date you sign the member agreement. For those continuing to participate, renewal of your contract will be continuous. THERE WILL BE NO BREAK IN THE CONTRACT PERIOD. Payments are still made yearly, biannually, or quarterly. On rare occasion, we will extend the opportunity to make monthly payments.

Yearly Fees

See page 3 please

After paying your fee in full, Dr. Z will not accept any other direct payment from a Choice Care™ member for that 12 month period excepting for medication or laboratory services if you choose to purchase those thru our office rather than thru your insurer.

Late payments/returned checks: Those patients who choose to NOT provide us with a credit card # and are choosing to pay semi-annually or make quarterly payments must assume full responsibility for their timely payment. **Statements reminders will NOT be mailed to the patient or responsible party. There will be a \$50 late fee for those payments received more than 30 days late and an additional \$50 per month (per patient) thereafter until payment is received. If a credit card is declined or a check is returned there will be a \$50 charge.**

Cancellations and Refunds: The term of Agreement shall be for one (1) year increments starting on the effective agreement date continuing until notification is given to terminate by either party. Either Physician or Patient shall have the right to terminate this Agreement at any time provided that Physician or Patient, as the case may be, provides the other with 30 days prior written notice of such termination. In the event of a patient's death or early termination of this Agreement the Annual fee may be forfeited and will be determined on a case by case basis dependant on the extent of care provided. If Choice Care terminates, patients will be entitled to a prorated portion of the paid fees. Patients participating with a participating dependent child shall not be entitled to any refund of the fee paid for such child or children. You will receive notification 30 days prior to any price changes or opportunity to purchase an upgrade. This notification will be only on a yearly basis at the time of your usual renewal.

Miscellaneous: This Agreement, and the attached Authorization Form, represents the entire agreement between you and Dr. Zwelling-Aamot regarding the subject matter of these documents, and supercedes and replaces all prior and contemporaneous agreements and understandings, whether oral or written, and may not be modified or amended, except by a subsequent written instrument executed by you and Dr. Zwelling-Aamot. This Agreement shall be governed by, and construed in accordance with, California law.

Election to Participate: If you wish to participate, then please complete the Authorization Form, accompanied by your check or payment instructions, and return it to Dr. Marcy Zwelling-Aamot, 3771 Katella Ave, Suite 108, Los Alamitos, CA 90720. Please keep this Participation Agreement with your records.

Thank you for your interest in Dr. Marcy Zwelling- Aamot/Choice Care™. We consider this a serious partnership to ensure that you receive the very best personalized health care.

❖ **PATIENT(S) INFORMATION/SIGNATURES** (please print)

Primary Member Name		Phone Number	E-mail
Address		City	State
Zip			

I acknowledge that either Choice Care™/Dr. Zwelling-Aamot or I can terminate this Agreement upon 30 days written notice. If I terminate the annual fee may be forfeited, to be determined on a case-by-case basis. If Choice Care terminates, I will receive a refund of the prorated portion of the paid Annual Fee, based on the number of days elapsed in the Service Year and the services received. Such refund will be paid to me within 45 days after termination.

Page 4 of 4

I may renew this Agreement for subsequent Service Years by paying the Annual Fee for the applicable service year as determined by Choice Care™/Dr. Zwelling-Aamot. The terms of this Agreement will apply to all such subsequent Service Years, unless Choice Care™/Dr. Zwelling-Aamot and I agree otherwise, in writing. The service year begins as stated above and not always the date this agreement is signed. **Please list additional members covered by this agreement on reverse.**

Primary Member Signature	Printed Name	Date of Birth	Date
Signed			

CHOICE CARE™ MEMBERSHIP AGREEMENT

ADDITIONAL MEMBERS

I have engaged *Choice Care™* and its physician, **Marcy L. Zwelling-Aamot, M.D.**, to provide primary care services beginning on (state date).

Signature	Printed Name	Date of Birth	Date
Signed			

Signature	Printed Name	Date of Birth	Date
Signed			

Signature	Printed Name	Date of Birth	Date
Signed			

Signature	Printed Name	Date of Birth	Date
Signed			

