

CONCIERGE PRACTICE MEMBERSHIP AGREEMENT  
UPDATED SEPTEMBER 1, 2023

Member Name \_\_\_\_\_

Address \_\_\_\_\_  
STREET CITY STATE ZIP CODE

Phone: Home ( ) Cell ( ) Office ( )

Email address \_\_\_\_\_

Date of birth \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Annual payment is \$1800, semiannual \$900, quarterly \$450 and monthly \$150. Other arrangements may be approved by Dr. Wilson on an individual basis. This agreement will be renewed automatically on a yearly basis. The concierge plan is operated on a fiscal year from September 1 through August 31 of the following year.

Payments for membership can be made by check or credit card. Additional payment info:

- Credit card installment payments require us to keep your credit card information on file which we will bill automatically per the frequency chosen on the credit card authorization form that is returned to the office. Please make sure to update your credit card information with the office when new cards are received.
- For members opting to pay by check, quarterly and semi-annual reminder letters will be sent out as a convenient reminder that installments are due.

This program is not covered by insurance or Medicare and does not count toward your deductible. In most cases you can use your HSA (Health Savings Account) to pay the membership fee. FSA accounts are currently not eligible to reimburse the concierge fees, as of current regulations.

This special kind of practice often called a concierge model and provides an extensive annual preventive wellness exam with extensive testing above and beyond what is required by the Affordable Care Act. It also allows the doctor (board certified internal medicine specialist) to spend up to two hours with you counseling, review results and making recommendations for better health. Because of the limited size of our practice (maximum 400 patients) we can also provide same or next day appointments lasting 30 minutes and can give you the time you need to address your concerns. We can also coordinate specialty care and in many cases set up a timely appointment for you. We have many years of experience and know how to negotiate this complex system for you. You will also have access to us via email and our cell phones after hours.

MEMBER SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_