



**DATE:**

**TREASURE VALLEY FAMILY MEDICINE DIRECT PRIMARY CARE (DPC) CONTRACT**

**Decision to join:** I acknowledge and understand that I am voluntarily becoming a **Treasure Valley Family Medicine Direct Primary Care** member, as offered by **Treasure Valley Family Medicine PLCC**, an Idaho Professional Limited Liability Company (herein “Treasure Valley Family Medicine Patient”), and that this agreement is non-transferable. The effective date of my Treasure Valley Family Medicine Direct Primary Care membership is the date on which I sign this document. I have reviewed the Treasure Valley Family Medicine Direct Primary Care Services Guide and I have had the opportunity to ask questions and receive answers regarding its content.

**DPC is NOT insurance:** I acknowledge and understand that this agreement does not provide comprehensive health insurance coverage, nor is it a contract of insurance and that it provides only the health care services specifically described in the Treasure Valley Family Medicine Direct Primary Care Services Guide. Treasure Valley Family Medicine will not bill insurance carriers for any services specifically described in the Treasure Valley Family Medicine Direct Primary Care Services Guide on my behalf. Concurrently, I will not seek reimbursement from any insurance carrier for the services specifically described in the Treasure Valley Family Medicine Direct Primary Care Services Guide. If I do seek reimbursement from any insurance carrier for the services specifically described in the Treasure Valley Family Medicine Direct Primary Care Services Guide, I will be putting Treasure Valley Family Medicine in violation of legal standards, and will be held responsible for any financial damages incurred by Treasure Valley Family Medicine on the basis of that violation.

**Charge responsibility:** I acknowledge and understand that I am responsible for any charges incurred for health care services performed *outside the four walls* of Treasure Valley Family Medicine, including but not limited to, emergency room visits, hospital and specialist care, and imaging and laboratory tests performed by third parties. Additionally, I acknowledge and understand that I am responsible for any charges incurred for health care services provided by Treasure Valley Family Medicine but not specifically described in the Treasure Valley Family Medicine Direct Primary Care Services Guide.

**Billing in arrears:** After paying my registration fee, I acknowledge and agree to pay my monthly care fee(s) on or before the due date. Monthly fees will be assigned on the first of the month after the sign-up date and continue monthly. This payment will cover the prior month’s membership fee. In the event that I am unable to pay my fee(s) on time, I understand that I will be charged a \$30 late fee and that my service agreement may be terminated.

**Quitting the practice:** I acknowledge and understand that I may terminate my Treasure Valley Family Medicine Direct Primary Care membership at any time and for any reason, by providing written notice to Treasure Valley Family Medicine. Termination will take effect at the end of the month. Until written termination notice is received, monthly fees will continue to accrue.



**Termination:** I acknowledge and understand that Treasure Valley Family Medicine may terminate my Treasure Valley Family Medicine Direct Primary Care membership by providing me written notice, effective at the end of that calendar month. Treasure Valley Family Medicine will not terminate this Patient Agreement solely on the basis of health status or protected status. Treasure Valley Family Medicine will assist transferring records to the new primary physician.

**Rejoining:** I acknowledge and understand that in the event that I terminate my Treasure Valley Family Medicine Direct Primary Care membership after receiving initial services that I will not be allowed to reestablish my membership prior to the passage of 18 months from the termination date, unless I agree to pay an early rejoining fee of \$500 per member.

**Fee Schedule:** I acknowledge and understand the following Treasure Valley Family Medicine Direct Primary Care membership fee schedule:

\$50 one time - Family registration fee  
\$70 / month - First Adult  
\$50 / month - 2nd Adult/Spouse  
\$30 / month - Each child

**HSA, HRA, FSA accounts and Direct Primary Care.** At this time, the IRS does not consider primary care monthly membership fees eligible for these accounts, since Direct Primary Care did not exist when these accounts were rolled out

**Maintain health insurance for services not provided by this agreement.** The logic behind Direct Primary Care is to exclude insurance from the basic transaction of ongoing and routine primary care. On the other hand, buying health insurance to cover unpredictable and catastrophic expenses is necessary as well; to meet the Affordable Care Act (Obamacare) requirements, you need a catastrophic insurance policy in addition to Direct Primary Care to avoid the income tax penalty.

**Change in service:** I acknowledge and understand that Treasure Valley Family Medicine may add or discontinue services, or may increase my fee schedule at any time (but no more than once per year), and that I will be given, in writing, at least sixty (60) days notice of such fee schedule changes.

**Addressing concerns:** I agree to first bring any complaints about services I receive as a Treasure Valley Family Medicine Direct Primary Care member to the attention of Treasure Valley Family Medicine Patient staff. Unresolved complaints may then be brought to the attention of the Idaho Board of Medicine, 1755 N Westgate Dr, Boise, ID 83704. (208) 327-7000.

## **Treasure Valley Family Medicine Direct Primary Care Services Guide**

- Same day or next-business-day office appointments Monday through Friday, excluding office holidays. [Rarely Dr. Crownover will be out of town and unavailable for a few days for in-person care, yet still be available electronically] Appointment types include wellness exams, acute and chronic disease management, prenatal care, DOT exams, psychiatric medication management and multiple procedures (listed below).
- Almost unlimited access (up to 99 encounters per month) to provide as much comprehensive primary care medicine via phone and portal message exchange (i.e., HIPAA compliant email) that can be accomplished in a safe manner. (Please limit after-hours calls to medical urgencies.)
- Open notes – electronic access to each appointment’s medical record and all test results via web based individual patient portal.
- Office-based testing and minor procedures when medically indicated:
  - o Basic wound care
  - o Circumcision (newborn to 1 mo age)
  - o Dipstick urinalysis
  - o EKG with interpretation
  - o Endometrial biopsy (minus laboratory component)
  - o Hemoglobin A1c for diabetes
  - o In-office blood draw (minus laboratory processing component)
  - o Intrauterine device insertion (minus purchase price)
  - o Nexplanon implantable contraception (minus purchase price)
  - o Office-based ultrasound (obstetric)
  - o Orthopedic – steroid injection joints, ingrown toenail removal, ear acupuncture for muscle strains
  - o Pap smear (minus laboratory component)
  - o Rapid influenza test
  - o Rapid Strep throat test
  - o Suturing closure of non-facial minor lacerations
  - o Skin biopsies (minus laboratory component)
  - o Spirometry with interpretation
  - o Urine pregnancy test
- Vaccine/medication administration (does not include cost of vaccine/medication).
- Access to cash pay discounts we are able to negotiate on your behalf from various 3rd-parties such as imaging centers and laboratories.
- Organization and review of your historic and outside medical records.
- Sophisticated electronic health record (AthenaHealth) – includes ability to track test results, identify those who are behind on preventative health screening and to track orders such as labs, imaging and referrals until results are available.

**Excluded services** (which will be billed to your insurance or to you if you don't carry insurance)

- Anything not specifically listed above.
- **Vasectomy (until \$700 or more has been paid in monthly fees)**
- Health care services performed outside of Treasure Valley Family Medicine including but not limited to: emergency room visits, hospital and specialist care, and imaging and laboratory tests performed by third parties.
- Vaccines/medication costs (vaccine/medication *administration* costs are included, see above).
- Medical tests not performed in this office
- Cosmetic dermatology procedures such as Botox.
- Durable medical equipment (e.g., braces, splints, and crutches).
- Labor and Delivery care
- Complementary care such as physical therapy, psychotherapy, chiropractic care, full body acupuncture, massage, and naturopathy. Both naturopathic and physical therapy is available in the same business park as the clinic.

---

Signature patient

---

Printed name patient