



Patient Agreement

Decision to join: I acknowledge and understand that I am voluntarily becoming an Evergreen Primary Care patient, as offered by Evergreen Primary Care PLLC, and that this agreement is non-transferable. The effective date of my Evergreen Primary Care Patient Agreement is the date on which I sign this agreement. I have reviewed the Evergreen Primary Care Services Guide and I have had the opportunity to ask questions and receive answers regarding its content.

Fee schedule: I acknowledge and understand the following Evergreen Primary Care services fee schedule:

Ages 12-18 \$30/mo

Ages 19-39 \$60/mo

Ages 40+ \$80/mo

Families of 3 or more 10% discount

Home Visit Plan (for patients with disabilities who will receive majority of care from home)
\$300/mo

Charge responsibility: I acknowledge and understand that I am responsible for any charges incurred for health care services performed outside the physical location of Evergreen Primary Care or performed by my Evergreen Primary Care Physician, 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 Evergreen Primary Care not specifically described in the Evergreen Primary Care Services Guide.

Billing: After paying my nonrefundable enrollment fee of \$40, I acknowledge and agree to pay my monthly care fee(s) on or before the due date which will be the first of the month. The first month's membership fee will be prorated based on the date of enrollment. This payment will cover the following month's services fee. Any additional labs or non included services will be charged at the time of service and payment in full is expected at that time. In the event I am unable to pay my fee(s) on time, I agree to contact my physician as soon as possible prior to payment due date. I understand this agreement may be terminated if I do not pay my membership fee in a timely manner. To facilitate ease and appropriate timing of payments I will enroll in autopay with a credit or debit card.

Evergreen Primary Care 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 Evergreen Primary Care Services Guide. Evergreen Primary Care will not bill insurance carriers on my behalf for any services specifically described in the Evergreen Primary Care Services Guide. If I wish to seek reimbursement, your physician can provide you with office notes and a superbill (if appropriate) which you can submit in an attempt to receive reimbursement from

insurance companies or others. I understand that Evergreen Primary Care will not provide administrative support for these matters. It is highly recommended to maintain health insurance for unpredictable and catastrophic expenses.

Quitting the practice: I acknowledge and understand that both Evergreen Primary Care and I have the absolute and unconditional right to terminate this agreement, without the showing of any cause for termination. I may terminate my agreement with Evergreen Primary Care at any time and for any reason by providing written notice to Evergreen Primary Care, and the agreement will terminate at the end of the current payment month. Evergreen Primary Care will not terminate this agreement solely based on health status. Evergreen Primary Care will assist transferring records and care to the new primary care physician designated by the patient. Any payments outstanding through the date of termination of the agreement are the responsibility of the patient.

Rejoining: I acknowledge and understand that if I terminate my Evergreen Primary Care agreement after receiving initial services, I may reestablish my enrolled patient status after payment of a \$100 rejoining fee. I acknowledge and understand that Evergreen Primary Care is not obligated to allow me to re-enroll if I have previously terminated my agreement.

Out of office policy: The Physician may from time to time, due to vacation, sick days, and other similar situations, not be available to provide services. During such times, your calls to your physician will be directed to another Evergreen Primary Care physician who is “covering” for the Physician during his/her absence. In an unforeseen situation where your physician is unavailable emergently, Evergreen Primary Care will make every effort to arrange for coverage but cannot guarantee such coverage.

Change in service: I acknowledge and understand that Evergreen Primary Care 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 written notice at least sixty (60) days in advance of such fee schedule changes.

Privacy of communications: I acknowledge that Evergreen Primary Care will comply with HIPAA (Health Insurance Portability and Accountability Act of 1996) privacy requirements. Evergreen Primary Care utilizes an online patient portal, texting and video platforms which are HIPAA compliant and are more secure forms of communication. However, I understand that communications with the physician using these methods as well as e-mail and facsimile can never be absolutely guaranteed to be secure or confidential methods of communication. I further acknowledge that all such communications may become part of the electronic medical record. By providing an e-mail address upon registration, I authorize Evergreen Primary Care and its physicians to communicate with me by e-mail regarding appointment reminders and general messages from the clinic.

I also understand that the online portal messaging and e-mail are not the preferred communication methods if an issue is time sensitive or urgent/emergent. For urgent concerns that cannot wait until the next business day, communicating with my physician via text or phone is most appropriate. I agree to contact Evergreen Primary Care via text or phone if I have not received a response to an email or online message within 48 hours. **In the event of an emergency, or a situation which could be reasonably expected to develop into an**

emergency, I will call 911 or the nearest Emergency Room and follow the directions of the emergency personnel.

Addressing concerns: I agree to bring any complaints about services I receive as an Evergreen Primary care patient to the attention of my Evergreen Primary Care physician to be addressed as quickly and completely as possible. I acknowledge that Evergreen Primary Care strives for excellent customer service and would like to know if something is not right.

Severability: If for any reason any provision of this agreement shall be deemed, by a court of competent jurisdiction, to be legally invalid or unenforceable in any jurisdiction to which it applies, the validity of the remainder of the agreement shall not be affected, and that provision shall be deemed modified to the minimum extent necessary to make that provision consistent with applicable law and in its modified form, and that provision shall then be enforceable.

Jurisdiction: This agreement shall be governed and construed under the laws of the State of Minnesota and all disputes arising out of the agreement shall be settled in the court of proper venue and jurisdiction for 570 Asbury Street, St Paul MN 55104

By signing below, I agree to the terms of this agreement, and that my monthly fee will be _____. The agreement will commence on the date it is signed by the patient and the physician below and will extend monthly thereafter.

Accepted and agreed upon by:

Patient name

Patient (or Guardian) signature and Date

Evergreen PC Physician Name

Evergreen PC Physician Signature and date

Evergreen Primary Care Service Guide

Comprehensive Primary Care Including:

- Extended office visits (30-60-90 minutes) with no copays
- Annual physical exams--includes school, sports and camp physicals
- Chronic care management (such as diabetes, high blood pressure, depression, asthma among many conditions)
- Pre-op evaluations
- Same day/next day care with little to no wait times
- Direct access to your doctor including after usual business hours via text, email, phone
- House calls when appropriate (for additional fee of \$25 to cover travel)

Procedures including:

- In-house lab draws
- Pelvic exams
- Skin biopsies*
- Mole or other skin lesion removal
- Cryotherapy for treatment of warts and other skin lesions
- EKGs
- Earwax removal
- Hearing and Vision screening
- Cyst removals
- Abscess incision and drainage
- Laceration repairs
- Joint injections (may be additional cost of medication injected)
- Ingrown toenail removal
- Nebulizer treatments

*does not include the cost of pathology

Routine screening labs included annually with membership at no cost

Additional lab tests offered at greatly discounted pricing

Visitor policy: Visitors temporarily visiting a Patient from out of town may, for a two-week period, take advantage of the services described on a fee-for-service basis and as availability with the Physician reasonably allows. Visitors who are Medicare Beneficiaries must be covered by a Medicare opt-out and waiver agreement in order to be treated by Evergreen Primary Care.