



# WHOLE PEDIATRICS GROUP

## MEMBERSHIP AGREEMENT

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This agreement is between me (Dr. Connell Bost, Whole Pediatrics Group) and you (the parent or legal guardian) on behalf of your child.

This agreement explains how my direct primary care practice works, what's included in membership, and what to expect from our relationship.

### What This Practice Is About

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Whole Pediatrics Group is a membership-based pediatric practice designed around relationships, not rush. I intentionally limit the number of families I see so I can provide the kind of thoughtful, unhurried care that children deserve.

#### **My approach emphasizes:**

- Preventive care and keeping kids healthy
- Taking time to answer your questions
- Continuity—I know your child, not just their chart
- Direct access to me (not a call center)
- Longer appointments when needed
- Parental guidance and support

#### **What this practice is not:**

- An emergency service (call 911 for emergencies)
- A replacement for hospital care
- A substitute for specialty care when your child needs a specialist

### How Membership Works

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#### **This Is Not Insurance**

This membership is **not health insurance** and doesn't replace it. I don't bill insurance companies for membership services.

You should maintain health insurance (or a cost-sharing plan) for:

- Emergency care
- Hospital stays
- Specialty care (cardiology, neurology, etc.)
- Imaging, labs, and procedures I don't provide in-office

#### **Panel Size Limits**

To maintain access and quality, I limit my practice to approximately **140-150 families**. Membership availability

is limited and not guaranteed.

## Membership Tiers

Please indicate which membership tier you're enrolling in:

- Essential Care** (\$79-129/month per child, family cap \$375)
- Comprehensive Care** (\$119-249/month per child, family cap \$525)
- Extended Care** (\$399-499/month per child, family cap \$850-900)

See the Membership & Pricing document for full details on what's included in each tier.

### ⚠ Important: Medi-Cal/Medicaid Patients

**I wish I could care for every child, but federal regulations prevent me from accepting patients who have Medi-Cal or Medicaid coverage.**

Here's why: Federal law prohibits direct primary care practices from enrolling patients with government-sponsored health coverage (Medi-Cal, Medicaid, CHIP). This isn't my choice—it's a legal restriction designed to prevent "double-dipping" of public funds.

#### What this means:

- Children enrolled in Medi-Cal or Medicaid cannot join this practice
- This applies even if you offer to pay out-of-pocket
- I cannot provide any services (office visits, house calls, procedures, consultations) to children with this coverage
- If your child's insurance status changes after you join (for example, if you qualify for Medi-Cal later), you'll need to notify me immediately so we can help you transition care

**I know this is frustrating.** If your child has Medi-Cal, I'm happy to provide you with referrals to excellent pediatricians in the area who participate in the program. My goal is to make sure your child gets great care, even if I can't be the one to provide it.

## What's Included in Membership

Your membership generally includes:

- Preventive care (well-child visits, immunizations)
- Sick visits for routine childhood illnesses
- Developmental screening and guidance
- Parental education and support
- Care coordination when needed
- Telehealth/phone consultations for appropriate concerns
- Anticipatory guidance (what to expect at each age)

#### The specific services I provide are based on:

- What's clinically appropriate for your child
- What falls within my scope of practice
- My professional judgment

## What's Not Included

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Membership does **not** include:

- **Emergency care** (call 911 or go to the ER)
- **Hospital or inpatient care**
- **Specialty care** (cardiology, neurology, surgery, etc.)
- **Complex chronic disease management** that requires frequent specialist oversight, complex medication management, or insurance-based care coordination

### Examples of conditions I typically don't manage:

- Type 1 diabetes
- Uncontrolled seizure disorders
- Severe asthma requiring pulmonologist management
- Complex genetic syndromes requiring subspecialty care

### Examples of conditions I'm happy to manage:

- Well-controlled asthma
- Seasonal allergies
- Routine eczema
- Simple chronic conditions that don't require specialist-level expertise

## Behavioral/Mental Health:

**I provide:** Developmental screening, ADHD screening, behavioral guidance, referrals to specialists

**I don't provide:** ADHD medication management, ongoing therapy, psychiatric medication management

For these services, I'll refer you to qualified mental health professionals.

**If I determine your child's care needs fall outside my scope, I'll help you find the right specialist.**

## Additional Services (Optional)

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Some services are available as add-ons and may involve additional fees or separate agreements:

- House calls (availability and fees vary by tier)
- Medical-grade ear piercing
- Newborn circumcision
- Minor in-office procedures

### These services:

- Are not guaranteed
- Require separate consent or agreements
- Are offered based on availability and clinical appropriateness
- May have associated fees (disclosed before service)

## Access & Communication

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### What to Expect

I strive to provide same-day or next-day appointments when you need them, but I can't guarantee availability every time—it depends on scheduling and clinical priorities.

## What This Practice Is Not

This is **not a 24/7 on-call service**. Communication (text, email, phone) is for non-emergent concerns.

### For emergencies:

- Call 911
- Go to the nearest emergency department
- Don't wait for a callback

Messaging and virtual communication cannot replace emergency care.

## When I'm Unavailable

There will be times when I'm unavailable due to illness, vacation, continuing education, or other professional obligations. Coverage during these times is not guaranteed. In true emergencies, please use 911 or the ER.

## Telehealth & Electronic Communication

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I may use phone, text, email, or digital platforms to communicate with you about your child's care.

### You should know:

- Telehealth has limitations—some conditions require in-person evaluation
- Response times vary (I'm not always immediately available)
- Electronic communication carries inherent privacy risks despite security measures

By signing this agreement, you consent to telehealth services for appropriate clinical situations.

## Fees & Payment

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Membership fees, payment schedules, and refund policies are outlined in the **Financial Terms & Payment Authorization** document, which is part of this agreement and must be signed along with this form.

### If you don't pay:

- Your membership may be suspended or terminated
- You'll need to find another pediatrician

## Ending Membership

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### If You Want to Leave

You may terminate your membership at any time with **30 days' written notice** (email is fine).

**Refund policy:** Membership fees are non-refundable. If you've prepaid for future months, those fees won't be refunded after termination.

### If I Need to End the Relationship

I may terminate your membership with written notice if:

- Membership fees aren't paid
- Practice boundaries are repeatedly violated (see House Call Addendum for examples)

- The care relationship is no longer working
- Your child's medical needs exceed what I can provide in this practice model
- Continued care falls outside my scope of practice

**This is not abandonment.** If I terminate your membership, I'll:

- Give you reasonable time to find a new pediatrician (typically 30 days for non-urgent situations)
- Provide medical records
- Offer to help with the transition

## If Your Insurance Status Changes

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If your child becomes eligible for and enrolls in Medi-Cal or Medicaid after joining the practice, you must notify me immediately. Federal law requires me to terminate your membership, but I'll help you find a new pediatrician who accepts your coverage.

## No Guarantees

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I can't guarantee specific outcomes, availability, or results. Medicine involves uncertainty, and while I'll always do my best, I can't promise perfect results.

## Legal Stuff

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This agreement is governed by California law.

If there's a dispute, we agree to try to work it out in good faith before pursuing legal action.

## Your Acknowledgment

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By signing below, you're confirming that you:

- Understand how this practice works
- Know what's included and what's not
- Agree to the boundaries and expectations outlined here
- Understand this is membership-based care, not insurance
- Have read and understand the Medi-Cal/Medicaid exclusion
- Will maintain health insurance (or cost-sharing plan) for services not included

**Parent/Guardian Name:**

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**Child(ren) Enrolled:**

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**Membership Tier:**

Essential  Comprehensive  Extended

**Signature:**

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**Date:**

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