



Whole
Pediatrics
Group

WHOLE PEDIATRICS GROUP

FINANCIAL TERMS & PAYMENT AUTHORIZATION

This document supplements your Core Membership Agreement and explains how membership fees work, payment terms, and what you're authorizing.

Membership Fee Structure

Monthly Membership Fees by Tier

Check the tier you're enrolling in:

☐ Essential Care

- \$129/month (ages 0-2 years)
- \$99/month (ages 3-11 years)
- \$79/month (ages 12-18 years)
- **Family cap:** \$375/month (up to 4 children)
- **Additional children (5+):** \$40/month per child

☐ Comprehensive Care

- \$249/month (ages 0-2 years)
- \$179/month (ages 3-11 years)
- \$119/month (ages 12-18 years)
- **Family cap:** \$525/month (up to 4 children)
- **Additional children (5+):** \$60/month per child

☐ Extended Care

- \$399/month (ages 0-12 months)
- \$499/month (ages 1-18 years)
- **Family cap:** \$850/month (one child 0-12 months) OR \$900/month (multiple children or ages 1-18) — up to 3 children
- **Additional children (4+):** \$150/month per child

How Family Caps Work

If you have multiple children enrolled, your total monthly fee will never exceed the family cap for your tier.

Family caps apply to the first 4 children (3 children for Extended Care). Families with more children pay the family cap plus an additional fee per child:

- **Essential Care:** \$375 cap (4 children) + \$40/month per additional child
- **Comprehensive Care:** \$525 cap (4 children) + \$60/month per additional child
- **Extended Care:** \$850-900 cap (3 children) + \$150/month per additional child

Example 1: Three children in Comprehensive Care:

- Individual pricing would be: $\$249 + \$179 + \$179 = \$607/\text{month}$
- With family cap: You pay only \$525/month

Example 2: Five children in Essential Care:

- First 4 children: \$375 (family cap)
- 5th child: \$40 (additional child fee)
- **Total: \$415/month**

Additional Service Fees

Some services involve additional fees beyond your monthly membership:

House Calls

- **Essential Care:** \$125 per house call + travel fees
- **Comprehensive Care:** Included (travel fees may apply)
- **Extended Care:** Included (travel fees may apply)
- **Travel fees:** \$40 for distances 15-25 miles from office

Medical-Grade Ear Piercing

- Both ears: \$130 (members) / \$99 (promotional rate when available)
- Single ear: \$75 (members) / \$60 (promotional rate when available)
- Includes: Blomdahl medical-grade jewelry, sterile technique, aftercare instructions

Newborn Circumcision

- **Office:** \$300-400 (varies by membership tier)
- **Home:** \$500-600 (varies by membership tier)
- Includes: Procedure, pain management, follow-up check, aftercare instructions

Other Services

- Medical forms (school, camp, sports): Included
- FMLA/disability paperwork: Not provided
- After-hours house calls: Additional fees (disclosed before scheduling)

All additional service fees are due at time of service unless other arrangements are made in advance.

Payment Terms

When Fees Are Charged

Monthly members:

- Fees are charged on the same day each month (your enrollment date)
- Example: If you enroll on the 15th, you'll be charged on the 15th of each month
- Fees are charged in advance (you pay for the upcoming month of service)

Payment Method

By enrolling, you authorize automatic recurring payments using:

- Credit card (Visa, Mastercard, American Express, Discover)
- Debit card
- Bank account (ACH) - available upon request

You authorize me to:

- Charge your payment method automatically each billing cycle
- Update payment information through our payment processor if your card is reissued
- Retry failed payments (up to 3 attempts)

You're responsible for:

- Keeping valid payment information on file
- Notifying us if your payment method changes
- Ensuring sufficient funds are available on billing date

Failed Payments

If a payment fails, here's what happens:

Day 1: Automatic retry (you'll receive email notification)

Day 3: Second retry attempt

Day 7: Final retry attempt + phone call from our office

Day 10: Services suspended until payment is resolved

Day 30: Membership may be terminated if payment not received

Late fee: \$25 after 10 days past due (waived for first occurrence)

During suspension:

- You cannot schedule appointments
- House calls are not available
- Emergency situations: I'll direct you to appropriate emergency care

To restore services: Pay outstanding balance + any late fees

Fee Changes

I may adjust membership fees with **60 days' advance written notice** (email is fine).

Your options when fees increase:

- Accept the new fee and continue membership
- Terminate membership before the fee change takes effect (no penalty)

Continued participation after the fee change date means you accept the new fee.

Fee decreases: If I lower fees, existing members automatically get the lower rate (no action needed).

Termination & Refunds

If You Terminate Membership

You may terminate at any time with **30 days' written notice** (email to info@wholepeds.com).

Refund policy:

- No refund for the current month (even if you terminate mid-month)
- No charges after your termination date
- Example: You give notice on January 15th → Last charge is February 1st → Membership ends February 28th
- Prepaid fees are **non-refundable**
- Exception: Refunds required by law will be honored

If I Terminate Membership

I may terminate your membership for non-payment or other reasons outlined in the Core Membership Agreement.

If I terminate your membership:

- You'll receive 30 days' notice (except for non-payment or safety violations)
- No refund for the current billing period
- I'll help you transition to another pediatrician

Important: This Is Not Insurance

MEMBERSHIP FEES ARE NOT INSURANCE PREMIUMS.

- I don't bill insurance companies for membership fees
- I don't provide "superbills" for membership fee reimbursement
- Insurance won't reimburse you for membership fees
- This is direct primary care, not insurance

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

- Emergency care
- Hospital stays
- Specialty care
- Imaging and labs not provided in-office
- Prescriptions (though I can help you find affordable options)

⚠ Important: Medi-Cal/Medicaid Exclusion

As explained in your Core Membership Agreement, federal law prohibits me from accepting patients with Medi-Cal or Medicaid coverage.

This means:

- Membership fees cannot be paid by Medi-Cal/Medicaid
- Membership fees cannot be submitted for reimbursement to Medi-Cal/Medicaid
- Children enrolled in Medi-Cal/Medicaid cannot join this practice

If your child becomes eligible for Medi-Cal/Medicaid after enrollment:

- You must notify me immediately
- Your membership will be terminated (federal requirement)
- No refunds will be provided for prepaid fees

- I'll help you find a pediatrician who accepts your coverage

This isn't my choice—it's federal law. See the Core Membership Agreement for full details.

What You're Authorizing

By signing below, you confirm that you:

- ✓ Understand the membership fee for your selected tier
- ✓ Understand family cap pricing (if applicable)
- ✓ Authorize automatic recurring payments from your payment method
- ✓ Understand fees are charged in advance and are non-refundable
- ✓ Understand membership is not insurance
- ✓ Understand additional services (house calls, ear piercing, circumcision) have separate fees
- ✓ Understand late payment consequences
- ✓ Understand the Medi-Cal/Medicaid exclusion
- ✓ Agree to these Financial Terms

Parent/Guardian Name:

Child(ren) Enrolled:

Membership Tier:

☐ Essential ☐ Comprehensive ☐ Extended

Payment Method:

☐ Credit Card ☐ Debit Card ☐ ACH

Card/Account (last 4 digits):

— — — —

Billing Date:

_____ (day of month)

Monthly Fee:

\$ _____

Signature:

Date:
